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ABSTRACT

This volume contains six documents that represent the results of a year-long, statewide study and planning effort for developing a program to serve the deaf-blind population in Kansas. The first document discusses the perceived problems and includes a study of the history of national, regional and state efforts, the initial project goals and objectives, and a planning approach. The second document includes relevant service system constraints and funding sources. Results of a mail questionnaire study of the state's population of deaf-blind individuals to examine the demographics of the client population, the services needed, and the services provided are summarized in the third document. The fourth document outlines a series of criteria developed by the planning participants for the delivery system. The model system, its structure and dynamics, and the procedures for coordinating client services and agency activities are outlined in the fifth document. The final document consists of a time-based year-long implementation plan. (Author/NRB)

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The Kansas P.L.A.N. for Deaf-Blind:

A Model System for Providing a Coordinated Life-Long Continuum of Services to Deaf-Blind Individuals and Their Families

June 1981

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A PREFACE

Detailed in this total document are the results of a year long, statewide study and a participative planning effort for developing a plan that will lead to a well coordinated, comprehensive, more effective and more efficient service delivery system for the deaf/blind population in Kansas. The total process was designed both to serve the needs of Kansas and provide a model for others. It allows the reader to examine the evolution of a planning effort that involved both representatives of the service providers of the state and the client group. A second document (Process Document) which supplements these present documents contains the forms, detailed data, stratagems, and the evaluation forms and results of the year long effort.

Beginning with a statement of the perceived problems, the first document includes a study of the history of efforts at the national, regional and state levels; the initial project goals and objectives; and a planning approach.

The second document includes relevant service system constraints (law, rules, etc.) and sources of present funding.

Results of a mail questionnaire study of the State's population of deaf/blind individuals which examines the demographics of the client population, the services needed, and services provided are summarized in the third document. The document includes an analysis of the present location of the population and generally shows high concentrations in the larger urban areas and at institutional sites where services are provided. Results of a survey of provider agencies indicated an overlap among the agencies in the providing of services for this population and a comparison reveals somewhat of a disparity between the services that the agencies indicated as being provided . . . and the satisfactory receiving of such services by the client population. The results also confirmed that for closer coordination, higher quality training (more specific) for service providers, services related to "leisure-time activity" and "recreational skills" for the population are needed.

The fourth document outlines a series of criteria that were developed by the planning participants for the delivery system. These were then used to design an overall structure for a model system which would meet these criteria. Structural alternatives which were considered are also outlined along with several considerations relating to the primary functions of such a system. The two primary functions were determined to be (1) coordination among the network of providers and (2) comprehensive case management for the client population.

Document five outlines the model system, its structure and dynamics, and the procedures for coordinating client services and agency activities. The concept of using interagency agreements, a model agreement, and discussion of important elements of an interagency agreement are also included.

The final section (document six) of the documents consists of a time-based year long implementation plan. The plan was designed to move the State of Kansas from its present approach for deaf/blind citizens toward the general goal of fully implementing the model system which was developed during the planning year.

Much progress was made during the planning year and is reflected in the results outlined here. These documents should be of considerable interest to others who would undertake a similar effort and are offered as such. However, it is also anticipated that much more will be learned during the implementation year and interested individuals and states are invited to contact project personnel for more information.

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DOCUMENT ONE

FINAL

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DOCUMENT ONE

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INTRODUCTORY OVERVIEW

SERVICE PROVIDERS

There are presently more than 80 agencies and organizations in Kansas providing a variety of direct and indirect services for the deaf/blind of Kansas. Some of these providers are state agencies or statewide organizations and some are regional or local providers. Also, some of the state agencies and statewide organizations work through their own local or regional agencies (e.g., SRS, Department of Health, etc.). There are other non-agency providers.

THE PRESENT APPROACH

The assumption behind this project was that the deaf/blind in Kansas were probably not served as well by a fractionated approach as they would be by a delivery system that is cooperatively designed, closely coordinated, refined, and more easily accessed by deaf/blind individuals and their families. No group or agency was charged with the responsibility for the total spectrum of needs (e.g., various areas such as health, residence, transportation, education, etc.) nor did their services extend continuously through all stages of development (birth to death). Although we should add that some efforts by some agencies approached this total responsibility. Nor, it seemed, was any given agency or group totally aware of the available assistance and services. The overall objective was to design and implement such a coordinated, refined, and more easily accessed system. An improved service delivery system should benefit our deaf/blind citizens.

PRESENT AND FUTURE SERVICES

It was not clear if there were duplications in services, if we were without important services, if parents and guardians knew where to get help, if available services were of good quality, if some clients were lost during transitional periods, if some areas sparsely populated could justify or support well-trained service providers, and if service providers were trained sufficiently to really help these special people.

The purpose of the Kansas P.L.A.N. for Deaf/Blind was to explore these and other questions, to develop a detailed model for a life-time continuum of accessible service options for the deaf/blind citizens of Kansas and their families, and finally to develop a plan that would allow for the implementation of this model within a reasonable period of time.

BACKGROUND FOR THE PROJECT

The first section contains an overview of the national, regional, and Kansas perspectives. This includes some history, some of the present, and some of the "possible future."

THE NATIONAL PERSPECTIVE

EARLY LITERATURE AND EFFORTS

Although one might be able to infer much from the literature that speaks to the plight of the physically and mentally handicapped in previous centuries, no data on early incidence, etiology, or treatment of the deaf/blind is to be found. The earliest reported literature on deaf/blindness appeared in 1648 and was written by an English educator, Dr. John Bulwer. It is interesting to note that Dr. Bulwer felt that deaf/blind individuals could be taught some speech. Some additional literature was developed in the mid-18th century also expressing a belief in the educability of the deaf/blind. However, actual services to deaf/blind individuals (in this country) probably had their beginnings at the very famous Perkins School for the Blind, when Dr. Howe in 1837 developed an educational program for Ms. Laura Bridgman–a deaf/blind girl. Dr. Howe's experience with Laura Bridgman attracted considerable national, and even some international attention. Though her experiences did not result in an independent living style, nevertheless, this paved the way for later educational developments, particularly with Helen Keller. In 1887, Helen Keller and Anne Sullivan met, and the result of that meeting has since become a story of achievement, hard work, and success with which most are familiar.

INDUSTRIAL HOME FOR THE BLIND (IHB)

Shortly after World War I, Dr. Peter Salmon introduced a planned rehabilitative program to the deaf/blind adults at the Industrial Home for the Blind (IHB) in Brooklyn. This program was to some extent based on Dr. Salmon's observations of the Perkins School's program for deaf/blind children. The IHB continued to work with deaf/blind adults, and a formal department for the deaf/blind was established on June 27, 1945. Helen Keller participated in the development of, and encouraged, this department. However, as late as 1962, the IHB remained the only agency in the United States with an organized comprehensive rehabilitation program for deaf/blind adults.

ANNE SULLIVAN MACY SERVICE (ASMS)

Early on, the IHB embarked on a research and demonstration project called the Anne Sullivan Macy Service (ASMS). This project was designed not only to develop rehabilitation services for deaf/blind individuals, but also to demonstrate what could be accomplished with deaf/blind individuals in terms of rehabilitation. This project was supported by the federal government.

THE CONCEPT OF A NATIONAL CENTER

As the result of a 7-volume report published by the IHB in 1957 and the success of the ASMS, the concept of a national center for the deaf/blind began to receive Federal attention and support. Conceptually, this center was seen as an educational and rehabilitative service for deaf/blind adults. It was recognized that the needs of deaf/blind children required a difference in approach and technique as well as staff and facilities. Recommendations to Congress were to develop two specialized programs for deaf/blind individuals, one to serve children, and the other to serve adults. However, the recommendations were not readily acted upon.

THE RUBELLA EPIDEMIC

It was about that time, in 1964-65, that the country experienced a rubella epidemic. During this period, an estimated 50,000 women contracted rubella, or German measles, during the early months of pregnancy. Some 20,000 of these rubella pregnancies resulted in miscarriages or still births, and approximately 30,000 resulted in children born with one or more handicaps. These handicaps included visual impairments, hearing impairments, mental retardation, and a variety of other physical impairments. The combination of deafness and blindness was a frequent result of the rubella pregnancies.

Prior to this epidemic, the number of deaf/blind persons born was estimated to be relatively constant at about 140 a year. However, during the epidemic years the number of children born deaf/blind jumped to more than 2,000.

OTHER CAUSES, OLD & NEW

Although the rubella epidemic was the single most significant contributor to the increase of this population, an almost equal number have been born deaf and blind in recent years due to genetic anomalies, congenital debilities and malformations, the improper use of drugs during pregnancy, irradiation, and infectious diseases such as encephalitis and meningitis. Ironically, the advances of medical science have also contributed to this upsurge of multiple birth defects by reducing the infant mortality rate of infants so medically involved that in past years few would have survived beyond the early months.

Because deafness and blindness together had occurred so rarely before 1963, very few services for children were available at the time of the epidemic. The seven residential programs for deaf/blind children that existed in 1963 enrolled approximately 125 children. In addition, approximately 150 deaf/blind children were enrolled in other public or private programs for the deaf or for the blind. The Industrial Home for the Blind was the only agency with a comprehensive program for deaf/blind adults.

The extent of impairment suffered by deaf/blind individuals ranges on a continuum from profoundly deaf and blind to hard of hearing and partially sighted. To further compound the problems there may also be a high proportion of other physical and/or mental disabilities in addition to the combined losses of vision and hearing.

The learning problems of individuals with dual sensory impairments differ greatly from individuals having a single impairment of either vision or hearing. The severity of the individual impairment is not so much what handicaps these individuals as is the overwhelming communication problem that results from the combination of these impairments. Because of this, deaf/blind children could not be accommodated in special education classes developed solely for the hearing handicapped or for the visually handicapped. Deaf/blind children require education and training designed to meet their special needs.

THE EDUCATIONAL PROBLEM

These deaf/blind children, like all children, had to be given the opportunity to develop to their maximum capabilities. It is known that under the stimulation of an effective developmental program, many handicapped children are able to reach their full potential for development. We also know that the longer a handicapped child goes without meaningful intervention, the more certain it is that his or her future potential will be reduced and the potential need for long term institutionalization increased. The provision of early and timely intervention through developmental programs for these children was essential if their critical needs were to be met.

The sudden increase in the deaf/blind population placed a tremendous burden on existing educational programs. Not only were education facilities for these children lacking, but also professionals to staff the special programs were needed. It seemed inevitable that many of these children would be inappropriately referred to institutions for the retarded because no programs were available to meet their special needs. Yet, despite the multiplicity of handicaps, functioning ability among these children is widely diverse. Their potentials range from the need for life-time care in a sheltered environment to those who can lead a productive, semi-independent life. A few will be capable of professional careers.

THE NEED FOR HELP

The 4,000 children born deaf/blind as a result of the rubella epidemic could not be served by the limited number of deaf/blind programs available. Officials, at that time, estimated that if facilities for the deaf/blind were expanded to their maximum capacity, they would be able to enroll no more than 450 of these children by 1972. Existing programs and facilities would not be able to handle the vastly increased numbers of deaf/blind children resulting from the epidemic. Because of the specialized, extensive services needed by these children and their scattered geographic distribution throughout the United States, pooling the limited resources available and working cooperatively at all levels to solve the problem was essential. A national effort was required to meet the special needs of these children and deaf/blind individuals of all ages. Federal support was necessary to create the new resources that were needed and two separate pieces of legislation were passed.

THE LEGISLATION FOR A NATIONAL CENTER FOR DEAF/BLIND YOUTH & ADULTS

Amendments to the Vocational Rehabilitation Act authorized the establishment and operation of the National Center for Deaf/Blind Youths and Adults. The IHB was selected to operate the Center under an agreement, with the then, United States Department of Health, Education, and Welfare. In June of 1969, the National Center became a reality. At that time it was housed at the IHB, and on December 1, 1969 the National Center opened in New Hyde Park, N.Y., but did not become operational until a couple of months later. The facility was basically a warehouse, and the number of clients attending the program eventually numbered about 15.

THE NEW FACILITY

Then, in 1972, the Federal government authorized the building of a facility for the National Center in Sands Point, L.I. Twenty-five acres of a 300-acre surplus property were given to the IHB for this purpose. Bids were developed and completed in November of 1973, but construction did not start until some time after. In January 1977, the National Center moved to Sands Point, and eventually by another Act of Congress its name was changed to the Helen Keller National Center for Deaf/Blind Youths and Adults.

THE LEGISLATION FOR DEAF/BLIND CHILDREN

At the same time that the authorization for the National Center was being sought, educators, parents, professionals and concerned lay people were appealing to Congress for help for the increased number of deaf/blind children. Thanks to their efforts and to a responsive Congress, Public Law 90-247, Part C, amending Title VI of the Elementary and Secondary Education Act, was approved and signed into law in January of 1968.

The intent of Congress was to provide through this amendment:

> "... A limited number of model centers for deaf/blind children, a program designed to develop and bring to bear upon such children beginning as early as feasible in life, those specialized, intensive professional and allied services, methods, and aids that are found to be most effective to enable them to achieve their full potential for communication with, and meaningful participation in society, and for self-fulfillment."

THE MODEL REGIONAL CENTERS FOR SERVICES TO DEAF/BLIND CHILDREN

The goal of this effort was to cover all 50 states with ten regional centers. The six or seven existing programs for the deaf/blind were to be the major focal points. Regional centers would be built on the limited existing resources and expertise so that maximum benefit would result. Surrounding states would participate and gradually develop their own programs. Regional areas were established on the basis of a willingness of the states involved to cooperate and work together.

Private agencies as well as state education agencies were funded (Title VI-C) by the Bureau of Education for the Handicapped (BEH) to implement the regional center concept. The agencies were chosen on the basis of their demonstrated interest in and their ability to implement the conceptualized program.

Originally, eight regional centers were funded with a total of one million dollars. The amount of funding received by each region depended upon the number of deaf/blind children who could be provided immediate services in that geographical area.

REGIONAL REPRESENTATIVES FOR THE NATIONAL CENTER

It should be noted here that in addition to the model regional centers for deaf/blind children, the Helen Keller National Center for Deaf/Blind Youths and Adults also maintains regional offices (9), each staffed by an experienced regional representative and a secretary. The offices are located in Boston, Philadelphia, Atlanta, Chicago, San Francisco, Seattle, Denver, Dallas, and at Sands Point. The responsibilities of the regional representatives of the National Center are to locate, assist, and refer deaf/blind individuals to the Center or to other agencies that provide appropriate services, to assist governmental and non-governmental agencies in serving deaf/blind individuals in their home localities, and to act as advocates for deaf/blind services. These regional representatives work closely with the regional centers but their "target groups" are different.

REGIONAL COORDINATION

The regional centers for services to children were not developed to be physical structures per se, which would provide direct services to children themselves; rather, they were to be administrative, organizational and coordinating units which utilized existing resources and developed additional resources as needed to provide diagnostic and educational services. States banding together into a region first designated a sponsoring agency to serve as the coordinating agency responsible for implementing the regional center program. To achieve greater effectiveness per dollar expended, the emphasis in all centers was on facilitating direct services to children.

With this goal in mind, the regional centers began to identify and coordinate every available resource in their region which could be immediately utilized or adapted to provide services to deaf/blind children.

While identifying available resources, efforts were also made to identify and locate all deaf/blind children in each region. Obtaining specific information on the population to be served was necessary to plan for appropriate services to ensure efficient use of these resources. This planning Information was necessary to facilitate efforts to link the needs of deaf/blind children with services and programs available not only on a statewide basis but throughout the region.

RECENT GROWTH IN SERVICES

As a result of the efforts of the regional centers, this country has experienced unprecedented growth in the number of services available to deaf/blind children. As well, important strides have been made toward providing deaf/blind children with opportunities equal to those enjoyed by their nonhandicapped peers. The success achieved offers an exciting promise for all deaf/blind individuals. Indeed, it has been said that the young deaf/blind population has been more fortunate than the handicapped-population-in-general.

Nearly 15 years have elapsed since the rubella epidemic, and we are now able to measure some of the consequences and evaluate how the regional center concept has worked in response to the demands put upon it. The crisis was not just the epidemic. The crisis was also the lack of available facilities, manpower, and expertise for educational evaluative services and for planning and providing other appropriate services for these children. Because of our inability to provide developmental services at the critical time, many of our deaf/blind children have not developed to their maximum ability.

THE PRESENT

Through such a cooperative effort as the regional deaf/blind centers, each state has been independently strengthened as it developed its own resources for the deaf/blind child. The regional centers have assisted states in developing resources to meet their own state needs and will hopefully be able to continue to do so until each state can provide for itself. Some states will continue to need regional cooperative efforts longer than other states. The role of the regional center will diminish and disappear, however, and the role of the states will be expected to expand.

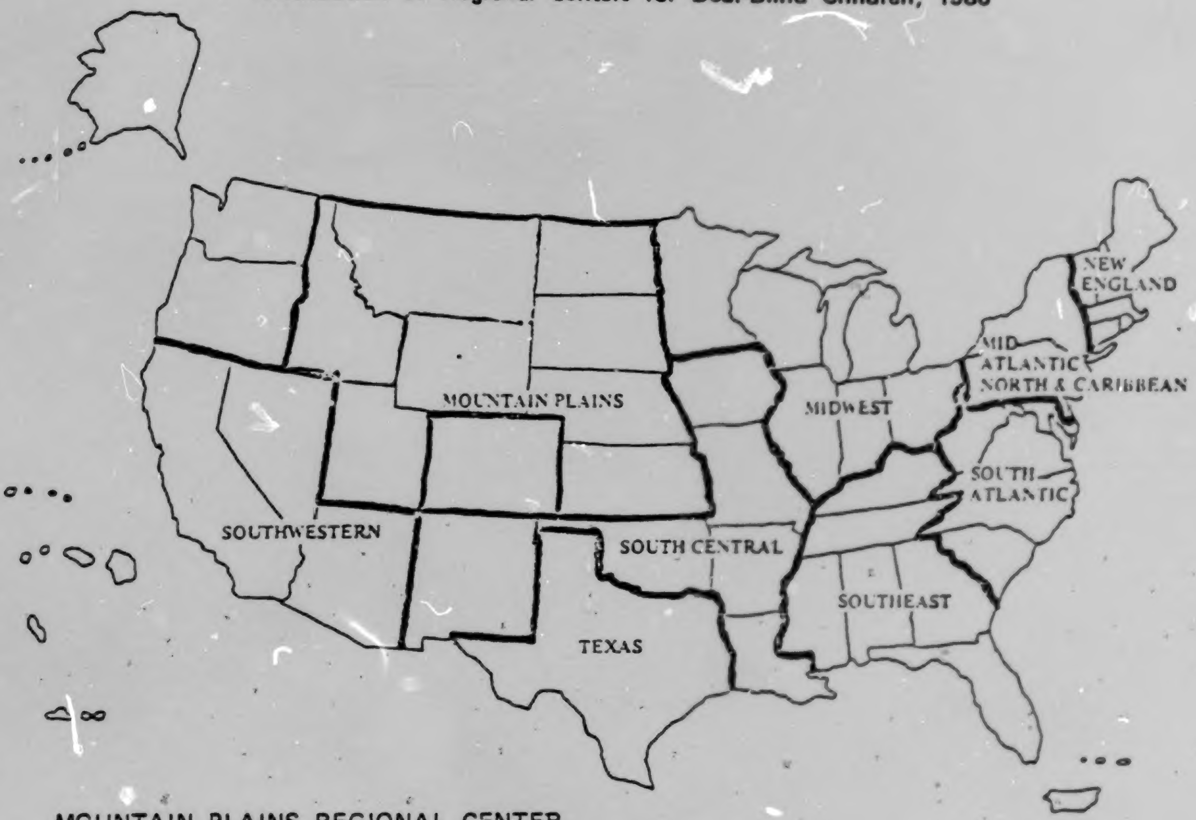
In a similarly cooperative manner, the Helen Keller National Center is also facilitating efforts within the states by providing financial and training support to some 13-14 various rehabilitative and educational agencies throughout the country. In essence, the National Center provides seed money for the development of deaf/blind services with the understanding that after a three-year support program from HKNC, these agencies will continue their deaf/blind services under their own support.

Federal creation and support of the regional centers was initially required because of the scarcity of services for children and the overwhelming costs involved. However, with the assistance of the regional centers, most states have now developed their own resources to meet the educational needs of this population. Educational programs are provided in all 50 states, the Trust Territories, Puerto Rico, and the Virgin Islands. The number of state and local dollars allocated for deaf/blind children has increased. At the present time less than half the total cost of education for deaf/blind children comes from federal monies. These federal appropriations have, however, increased each year and there are now eight deaf/blind single state centers providing services to certified children in addition to the regional centers.

THE FUTURE

Presently deaf/blind services are at another critical stage. We must meet not only the needs of deaf/blind individuals as children but also their changing needs as they reach adulthood. In recent years 10,000 deaf/blind children and adults have been identified in the United States and are receiving service. Government officials estimate that there are another 11,000 similarly impaired individuals in the country bringing the total figure to 21,000. This means that not only do services need to be provided for the children born deaf/blind as a result of the rubella epidemic but also that services are needed by a far greater number of deaf/blind adults as well. Nationwide, as deaf/blind children are leaving educational programs, they are beginning to tax existing adult resources and services. The magnitude of the problem will require cooperative efforts within states to identify, coordinate and develop resources and services for this population lest their achievements and developing potential be lost. Towards this task, the Helen Keller National Center was asked by Congress to begin to build an ongoing "National Register of Deaf/Blind Youths and Adults." As of the beginning of April 1980, the National Center had accumulated detailed information on 5,098 deaf/blind youths and adults throughout the country. The National Center is also working in close concert with the Bureau of Education for the Handicapped, Deaf/Blind Section, to eventually coordinate and include the names of deaf/blind children with the National Register. The Register will be used primarily to help identify those who are deaf/blind, to help track the population as it moves from childhood to adulthood, to help assess the needs for services, and to act as a potential future resource for the states.

Distribution of Regional Centers for Deaf-Blind Children, 1980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HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS REGIONAL OFFICES ARE LOCATED IN BOSTON, PHILADELPHIA, ATLANTA, CHICAGO, SAN FRANCISCO, SEATTLE, DENVER, DALLAS, AND AT SANDS POINT.

THE REGIONAL PERSPECTIVE

THE HISTORY

Mountain Plains Regional Center (MPRC) located in Denver, Colorado was established in 1969 and was originally developed to provide service to a 6-state area. MPRC was developed initially within the Colorado Department of Education and in 1976 the center formed a private non-profit corporation assuming responsibility for this project. A Board of Directors were selected to provide direction in determining policy of the center. The members of the Board consist of one representative from each participating state and one parent representative at large. Since the center's role is in Education services, Board members are appointed by the superintendent of the agency primarily responsible for the provision of educational services to deaf-blind. In addition to the Board of Directors, an Advisory Committee, selected on their interest and/or involvement with deaf-blind programs in the state, provides input to the Board of Directors. The composition of the Board and Advisory Committee provide for comprehensive interdisciplinary professional and consumer involvement.

THE PRESENT

The Regional Center staff consists of an Executive Director, two staff associates for service delivery management and resource coordination, an administrative assistant, and needed support services. The Center provides the administrative and organizational services to its participating states ensuring that federal and regional objectives and direction for services to deaf-blind children are developed and maintained.

At present 9 states receive services from the Regional Center. They are as follows: Idaho, Kansas, Montana, Nebraska, New Mexico, North Dakota, South Dakota, Utah and Wyoming. The state of Colorado receives funding directly from the federal source and does not participate in the regional center concept.

FUTURE CONSIDERATIONS

As with other federal-state programs Title VI-C funding operates as an annual decreasing budget designed to encourage increasing state involvement in funding. The date for the anticipated closing of the Regional Centers and end of all Title VI-C funding to states is June, 1983. Each state will then be responsible for maintaining the quality of programming to deaf-blind at a level equal to the level prior to the end of VI-C funding.

However Public Law 94-142, Education of the Handicapped Act, which went into effect in 1978 requires that federal monies be distributed to states to provide for the comprehensive provision of education services to the handicapped. The provision of this law establishes mandates to ensure the adequacy and appropriateness of all services needed by the student. It is anticipated as funding support for Title VI-C programs decreases, increased state application of funding from PL 94-142 will provide some offsetting assistance in the funding needed for the educational service provision of the deaf-blind population. Additionally, Title VI-C funds which have previously been used to support direct educational services are now being redirected so as to allow states to develop their own plans and programs for meeting needs.

In response to the critical time line for the demise of Title VI-C and the identified needs of the deaf-blind population, there are principally two major areas of direction established by the Mountain Plains Regional Center.

INSURING CONTINUITY

The first of those areas is the Regional emphasis on ensuring for the continuity of educational services to deaf/blind beyond the termination of Title VI-C funding. The Regional Center is aided by additional federal mandates such as P. L. 94-142, Sections 503 and 504 of the Rehabilitation Act of 1973 as amended, etc., which require the quality and quantity of educational services and practices to meet the needs of the student. To provide for the successful inclusion of deaf/blind services into existing or expanded services the appropriate state agency must assume increased direct responsibility as the Regional Center decreases its planned involvement. The level of expansion to ensure this continuity of service for each member state is dependent upon their present level of sophistication and comprehensiveness of the services presently provided.

FACILITATING THE EXPANSION OF STATES' ROLES

The second major direction of service within the Region is facilitating the development of a continuum of service within each member state. The development of a statewide comprehensive continuum of service expands the traditional role of education agencies to support activity that identifies and responds to the total service needs of the population, inclusive of education, rehabilitation, social services, health services, etc. This activity that encompasses a "birth to death" continuum of service is supported by a variety of legislation requiring demonstrated interagency agreements, cooperation, collaboration and coordination. The quality of interagency activity required to fully implement a comprehensive continuum must go beyond the written agreement to a demonstrated, practical process which responds to the service needs of the deaf/blind individual and the support needed by agencies to provide these services.

It is these directions and resulting regional activities that the Center supports as critical if deaf/blind individuals are to be provided every opportunity to maximize their potentials.

THE STATE PERSPECTIVE

*EDUCATIONAL PROGRAMS

For purposes of classification, Severely Multiply Handicapped and Deaf/Blind young people are combined in the Kansas State Plan for Special Education. The definition of deaf/blind (for educational purposes) states that "a person is classified as deaf/blind when they have a combination of auditory and visual impairments which prevents them from receiving an appropriate education in a program designed solely for persons with a hearing handicap or solely for persons with a vision handicap." Although deaf/blind persons may have learning characteristics similar to the severely multiply handicapped, they may not be functionally, severely, or profoundly retarded. Services are currently provided to deaf/blind students in severely multiply handicapped programs or regional deaf/blind programs. Along with the State Plan definition of deaf/blind, selected criteria for certification of deaf/blind are utilized. These criteria are identical to those suggested for use by Mountain Plains Regional Center. A student is eligible when a combination of vision, hearing, and educational criteria are met.

There are two common misunderstandings regarding the Kansas definition of Deaf/Blind. (1) Many times the words "deaf-blind" give the impression that the student may be deaf or blind. Actually, this refers to a combination of both impairments. (2) The other common misunderstanding is that the person must be totally deaf and totally blind. As the criteria implies, a student may be functionally deaf or functionally blind, be untestable or hard to test, or be totally deaf and blind. Most certified deaf/blind students do have some vision and hearing.

Funding for the establishment of educational programs for deaf/blind is derived from state and federal authority. There is general and specific authority within the state and through the federal government.

The general authority at the federal level is derived from Public Law 93-112, the Vocational Rehabilitation Act of 1973, and from Public Law 94-142, the Education for All Handicapped Children Act. Public Law 94-142 mandates that all handicapped are entitled to a free appropriate education regardless of the degree or severity of their handicap. This law was signed in 1975 and mandates that programs be in effect by September, 1978. Many programs were established prior to 1975, but the federal authority is still very new. Specific

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*A call for other-than-educational aspects of the history and background of deaf/blind efforts in Kansas produced no usable records or documents. No separate categories or line items appear for deaf/blind individuals in the files and documents of most agencies.

authority for development of Deaf/Blind programs is derived from P. L. 90-247 which established nationwide regional deaf/blind centers in 1968. In 1970, P. L. 91-230 provided for the continuation of those centers. Currently, Kansas receives funds administered by Mountain Plains Regional Center, Denver, Colorado, through P. L. 91-230, Title VI, Part C.

On the state level, there are two general statutes which provide for special education programs. In 1971, K.S.A. 72-933, the Developmentally Disabled Children's Act, was passed. It mandated that programs begin by 1974. Also as a result of this law, Kansas developed a State Plan for Special Education which went into effect in 1975. The state plan provides guidelines for special education and provides for statewide coordination of efforts in special education. In 1974, K.S.A. 72-961 through K.S.A. 72-980, the Special Education for Exceptional Children's Act, was passed. It mandated that special education services be provided by 1979.

Authority for deaf/blind programs in Kansas is derived from K.S.A. 72-853, "Program for Education of Deaf-Blind or Otherwise Severely Handicapped Children." This state law authorizes the State Department of Education to expend available funds for programs for deaf-blind or otherwise severely handicapped. It states the funds may be spent for evaluation, diagnosis, room, board, tuition, transportation, or other items which are necessarily relevant to the education of the child. K.S.A. 72-853 became effective in 1969. The Kansas State Department of Education has been allotted $100,000 each year under this statute.

Funding for deaf/blind is available not only through specific laws, but on a larger scale through general sources which are available for all special education programs. State deaf/blind funds have been used primarily to support the regional programs and the Outreach Program for deaf/blind students. In some instances, the monies have been utilized to supplement particular SMH programs. Kansas has been associated with Mountain Plains Regional Center since 1970. During that time, Kansas received approximately $1.6 million. That money has been utilized to develop and establish state regional programs for deaf/blind students and to fund staff positions for the Outreach Program.

As was stated earlier, the population of deaf/blind children and youth in Kansas have been included in the definition of severely multiply handicapped (SMH) and the two groups have a common history. They have traditionally been served and educated in public institutions, private facilities, home programs, or in some cases public school settings. Historically, school districts did not feel the responsibility to provide education programs except for the mildly handicapped child. If the child could be integrated comfortably in a regular classroom setting or a special education program could be established at a reasonable cost, programs were begun where a number of children were geographically centrally located. The more severe cases and multiple handicaps were referred to public institutions such as Kansas Neurological Institute or Winfield State Hospital. Parents who did not wish to institutionalize their child or could not afford a private residential setting sought assistance from the local school district. This type of service classified as homebound instruction provided a teacher who would come to the home for a specified time each week and tutor the child in his studies. In Kansas, this was not considered an optimal educational environment.

Over the last ten years, regional programs have been established and developed in several locations. The concept of the regional program has been strengthened during the last four years. Kansas currently has approximately 60 deaf/blind students located in five regional programs. To date, regional programs are located in (1) Olathe at Kansas State School for the Deaf, (2) Kansas City at Kansas State School for the Visually Handicapped, (3) Topeka public schools, (4) Winfield State Hospital and Training Center, (5) Wichita public schools. The state-wide services booklet gives a description of these programs including the differences. The differences center primarily on the availability of a residential component or, as in the case of KSSD in Olathe, the functioning level of the students. The program at KSSD has been established for the "higher functioning" student.

The Outreach Program's average enrollment is approximately 15 students. The location of these students is as far west as Garden City and as far east as Kansas City. Students are receiving instruction at the preschool level through developmental centers, severely multiply handicapped public school programs and state institutions.

On a broad basis, coordination efforts have occurred through an interagency agreement signed by SRS and the Department of Education. During FY 79 and 80, specific coordination has occurred primarily between education and Services for the Blind. Services for the Blind is a division of vocational rehabilitation and under the auspices of SRS. Communication has been established with the supervisors for the rehabilitation teachers and the vocational rehabilitation counselors. The efforts have been on a very practical level. When students in educational programs reach 16-21, attempts are made to involve Services for the Blind and the search for additional training facilities or a placement begins.

Coordinating has consisted of bringing the concerned parties together. (Vocational Rehabilitation, Services for the Blind, the educational agencies, and the parents). They are encouraged to work together in developing program goals and objectives. In May, 1979, May, 1980, and September, 1980, all relevant groups were asked to participate in the development of individual educational programs (IEP's).

For a more detailed explanation of the rules and regulations relating to program implementation, the reader is asked to see the Kansas State Plan for Special Education. This Plan spells out the areas of need and rationale for programs; Kansas authority and the mandate; pupil assessment and placement; educational program goals and curriculum; ancillary services; administrative structures ... which includes types of programs and caseload and pupil/staff ratio, equipment and instructional materials; and funding within the rules and regulations. In addition, comprehensive guidelines for program implementation and operation to accompany the rules and regulations of the State Plan have been developed and are widely disseminated in the state of Kansas. These rules and regulations and the subsequent guidelines have become the foundation for the implementation, operation, and monitoring of severely multiply handicapped deaf/blind programs in Kansas.

APPROACH TO THE PROJECT

This second section was developed to provide an overall view of the project, its goals, and the planning and development procedures that were followed in developing a Model and a plan to implement that model.

OVERVIEW OF PROJECT GOALS AND OBJECTIVES

GOALS FOR PROJECT

The primary goal of the Kansas P.L.A.N. was to develop a model system for providing a comprehensive life-long continuum of services for deaf/blind persons and their families in Kansas. A plan for implementing the system within a reasonable period of time was also important.

Another goal of the project was to develop and disseminate procedures and strategies that allow other states to more quickly and efficiently develop their own system for deliverying a continuum of services for deaf/blind individuals and their families.

OBJECTIVES (FOR MEETING THE GOALS)

In order to achieve the primary goal, the project involved a representative group of service providers and clients. Involvement in planning, through both input and review of progress, led to a system and a plan which were acceptable to both the service providers and client population. History of services to deaf/blind persons and their families, and an inventory of relevant legislation, were collected and documented.

An empirical approach (needs assessment) was used to determine what specific services should be a part of the comprehensive continuum and what modifications were needed in order to move from our current system of service provision to an easily accessed continuum of services.

The planning included the designation of a centralized coordinating office to administer, plan, monitor, and make referrals to the system. Also, a case management system which will have some utility for all, and across all, agencies was devised.

Procedures included the development of a central file on all identified deaf/blind clients in the state and a compilation of service providers, facilitating the task of matching client needs with resources.

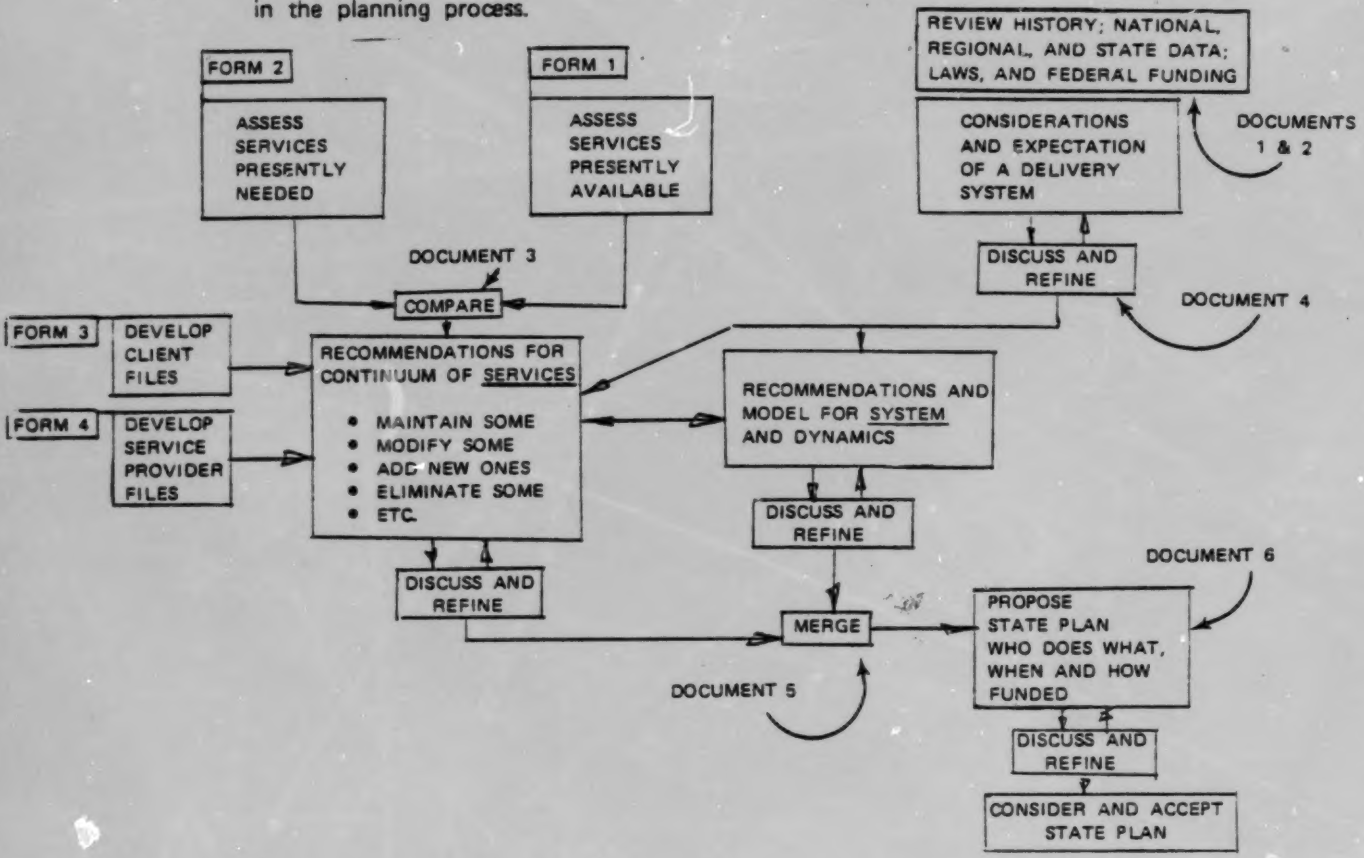
Still another pursuit of the project was to develop inter-agency agreements which would clearly delineate what agencies are responsible for specific services at any time along the life-long continuum.

The use of discrete documents (products), the emphasis on models, and the development of dissemination (explanatory) materials (brochure and audio-visual) facilitated in-state implementation of the system and served as a model to other states wishing to engage in similar projects.

A proposal for a second year project was composed to insure that the planning for a continuum of services would actually be implemented in Kansas.

MODEL OF ELEMENTS AND PROCEDURES FOR PLAN DEVELOPMENT

Below is a model of how the various planning and research activities fit together in the planning process.


REVIEW HISTORY; NATIONAL, REGIONAL, AND STATE DATA; LAWS, AND FEDERAL FUNDING
FORM 2
FORM 1
ASSESS SERVICES PRESENTLY NEEDED
ASSESS SERVICES PRESENTLY AVAILABLE
CONSIDERATIONS AND EXPECTATION OF A DELIVERY SYSTEM
DOCUMENTS 1 & 2
DOCUMENT 3
COMPARE
DISCUSS AND REFINE
DOCUMENT 4
FORM 3
DEVELOP CLIENT FILES
FORM 4
DEVELOP SERVICE PROVIDER FILES
RECOMMENDATIONS FOR CONTINUUM OF SERVICES
• MAINTAIN SOME
• MODIFY SOME
• ADD NEW ONES
• ELIMINATE SOME
• ETC.
RECOMMENDATIONS AND MODEL FOR SYSTEM AND DYNAMICS
DISCUSS AND REFINE
DISCUSS AND REFINE
DOCUMENT 6
MERGE
PROPOSE STATE PLAN WHO DOES WHAT, WHEN AND HOW FUNDED
DOCUMENT 5
DISCUSS AND REFINE
CONSIDER AND ACCEPT STATE PLAN

APPROACH TO SERVICES Both the needs for services and the available services that are relevant to a comprehensive continuum of services for Kansas deaf blind individuals were collected on an identical base line. This allowed for a direct comparison of needed services and available services.

EXPECTED RESULTS Comparing the "services available" with "services needed" showed us where the two are well matched, where there were needs but no services, where there were duplicate services, and where present services were rejected as not needed, not appropriate or not satisfactory.

APPROACH TO DELIVERY SYSTEM

Much of the final plan deals with the continuum of services on a service-by-service basis. Other parts of the plan must, however, reflect organization, coordinational, monitoring, evaluation, and communication aspects that maintain the entire system and keep it effective and meeting its system goals. This part of the planning comes less from the "services" analysis and more from "systems analysis" concepts.

THE CHECKLIST SURVEYS

We determined, as empirically as we could, the current status of services (needed or not needed, provided or not provided, satisfactory or not satisfactory, etc.) via the checklist forms 1 and 2. This was done before we tackled the problems of "services" in the ultimate plan.

SERVICE PROVIDERS FORM

Another aspect which was needed before a coordinated, refined, and more easily accessed system was designed . . . is a complete inventory of the present service providers and their present services and resources. This was collected on the "Service Provider Form" or form 4.

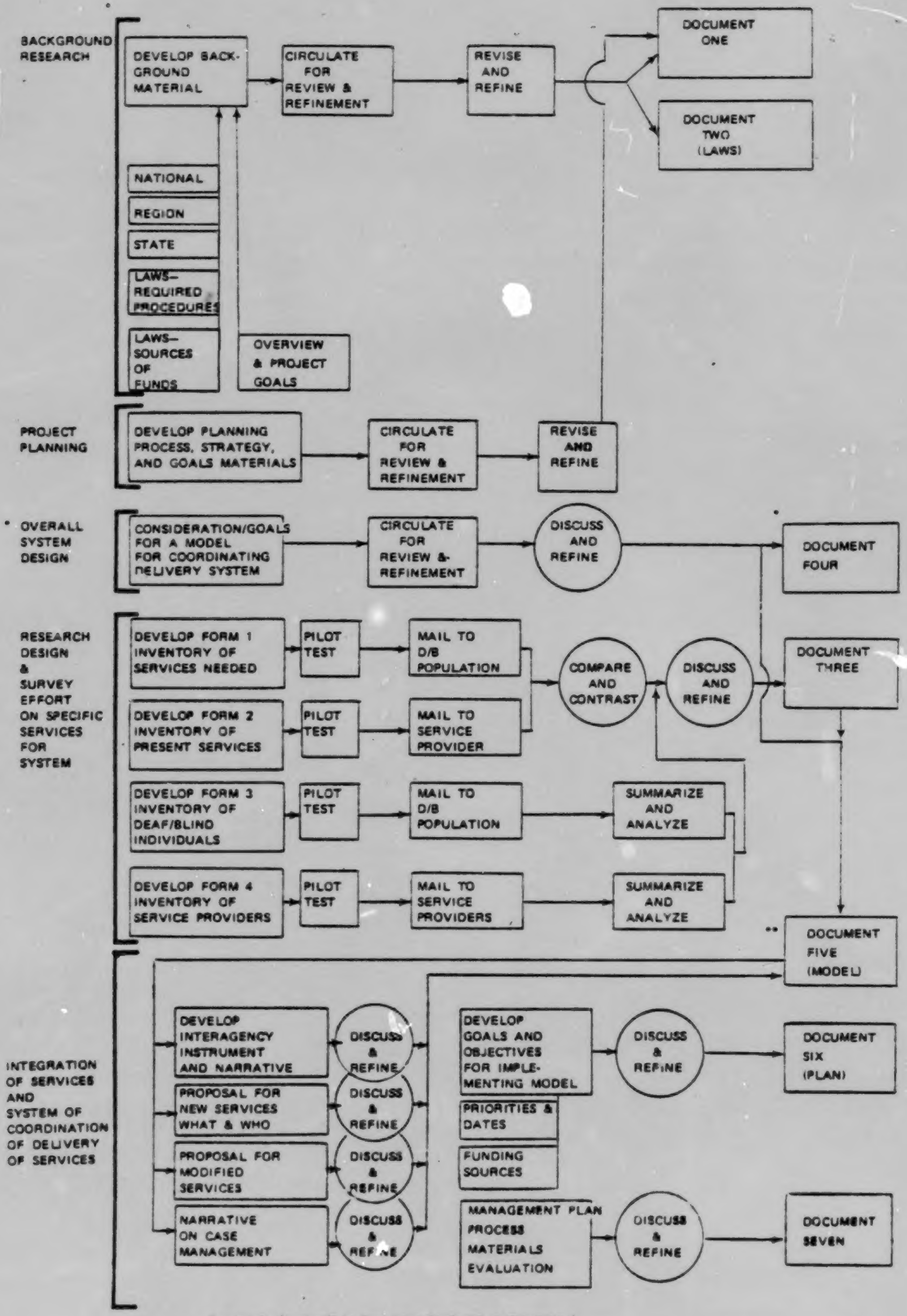
CLIENT FORM AND FILE

Still another aspect of any complete information base for planning is an inventory of the deaf-blind population. This information was collected on the "Client Form" or form 3. Ultimately, this form will be a part of a file that also outlines an individual's needs and a plan for meeting those individual needs.

SYSTEM CONSIDERATIONS AND EXPECTATIONS

Finally there are a number of considerations and possible expectations for developing, designing, administering, and supporting this coordinated, refined and easily accessed system . . . regardless of the particular services that it ultimately contains. One set of such considerations is the present laws, rules, and regulations that spell out who must do what, for whom, and how. It is these things that we explored and discussed along with the assessment of needs for specific services.

DOCUMENT DEVELOPMENT FLOW CHART


BACKGROUND RESEARCH
DEVELOP BACK-GROUND MATERIAL
CIRCULATE FOR REVIEW & REFINEMENT
REVISE AND REFINE
DOCUMENT ONE
DOCUMENT TWO (LAWS)
NATIONAL
REGION
STATE
LAWS—REQUIRED PROCEDURES
LAWS—SOURCES OF FUNDS
OVERVIEW & PROJECT GOALS
PROJECT PLANNING
DEVELOP PLANNING PROCESS, STRATEGY, AND GOALS MATERIALS
CIRCULATE FOR REVIEW & REFINEMENT
REVISE AND REFINE
* OVERALL SYSTEM DESIGN
CONSIDERATION/GOALS FOR A MODEL FOR COORDINATING DELIVERY SYSTEM
CIRCULATE FOR REVIEW & REFINEMENT
DISCUSS AND REFINE
DOCUMENT FOUR
RESEARCH DESIGN & SURVEY EFFORT ON SPECIFIC SERVICES FOR SYSTEM
DEVELOP FORM 1 INVENTORY OF SERVICES NEEDED
PILOT TEST
MAIL TO D/B POPULATION
DEVELOP FORM 2 INVENTORY OF PRESENT SERVICES
PILOT TEST
MAIL TO SERVICE PROVIDER
COMPARE AND CONTRAST
DISCUSS AND REFINE
DOCUMENT THREE
DEVELOP FORM 3 INVENTORY OF DEAF/BLIND INDIVIDUALS
PILOT TEST
MAIL TO D/B POPULATION
SUMMARIZE AND ANALYZE
DEVELOP FORM 4 INVENTORY OF SERVICE PROVIDERS
PILOT TEST
MAIL TO SERVICE PROVIDERS
SUMMARIZE AND ANALYZE
** DOCUMENT FIVE (MODEL)
INTEGRATION OF SERVICES AND SYSTEM OF COORDINATION OF DELIVERY OF SERVICES
DEVELOP INTERAGENCY INSTRUMENT AND NARRATIVE
DISCUSS & REFINE
PROPOSAL FOR NEW SERVICES WHAT & WHO
DISCUSS & REFINE
PROPOSAL FOR MODIFIED SERVICES
DISCUSS & REFINE
NARRATIVE ON CASE MANAGEMENT
DISCUSS & REFINE
DEVELOP GOALS AND OBJECTIVES FOR IMPLE-MENTING MODEL
PRIORITIES & DATES
FUNDING SOURCES
DISCUSS & REFINE
DOCUMENT SIX (PLAN)
MANAGEMENT PLAN PROCESS MATERIALS EVALUATION
DISCUSS & REFINE
DOCUMENT SEVEN

*previously (proposal) to have been developed as document 1

**to contain parameters (total possible elements and absolutely necessary elements) indicated in proposal

SYSTEM CONSTRAINTS AND FUNDING SOURCES

DOCUMENT TWO

FINAL

Central Research Corporation
900 First National Bank Tower
Topeka, KS 66603

DOCUMENT TWO

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*SECTION 2 may become completely (or almost so) superfluous if anticipated changes from categorical aid to block grant funding approaches are adopted at the Federal Level. Block grants will move allocation and spending authority to the individual states.

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SYSTEM CONSTRAINTS

(MANDATORY PROCEDURES)

NECESSARY AND MANDATORY PROCEDURES IN KANSAS RESULTING FROM LAWS, STATE PLANS, AND RULES AND REGULATIONS

This section contains the necessary constraints and considerations for the proposed deaf/blind services delivery system (i.e., providers shall or must do these things). They are imposed by law or by extensions of the laws and must be a part of the planning for a comprehensive continuum of services.

It should also be noted, however, that judicial decisions extend, clarify, and interpret the meaning of the laws of the land. An attempt has been made to summarize as many of the major implications for service providers as is possible without duplicating much more technical and detailed documents.

DISABILITY VS. HANDICAP Although used interchangeably in this document, the emerging legal distinction is that "disability" refers to a medical condition, e.g., deafness, blindness, Down's syndrome, etc.; while "handicapped" refers to one's status as a result of a disability. It is argued that within an appropriate environment, with proper societal attitudes and support services, the disabled person need not be handicapped.

Although the bulk of the "legal rights" of deaf/blind individuals can be sorted into one or another of the following areas; the State of Kansas requires that an interpretor be present/used in all legal matters (e.g., court trials) when required for clear communications is appropriate to consider as extending across almost all areas.

7.

EQUAL EDUCATIONAL OPPORTUNITY AND TREATMENT

Although the concept of "equal educational opportunity" was originally directed at the plight of black children and dates back to the early years following the Civil War period, it was the 1954 Brown vs. Topeka Board of Education case that sparked judicial and later legislative action. These more recent decisions and laws considered equal educational opportunities as a right of all minorities. The judicial conclusion that "separate but equal" was not, in fact, "equal" . . . set the stage for the even more recent legislation dealing specifically with handicapped children in the educational process. The first important federal legislation was The Elementary and Secondary Education Act of 1965 (Title VI for handicapped children) but the most definitive act was the more recent Education for All Handicapped Children Act of 1975. This more recent act is also referred to as Public Law 94-142 and applies to ages 3 through 21.

Additional interim major legislation was the Rehabilitation Act of 1973 and subsequent HEW regulations (especially Section 504) which prohibited discrimination in education on the basis of disability by any program receiving federal assistance (pre-school to adult education). This Act, it should be mentioned, also addresses in its other sections the rights of handicapped persons to non-discriminatory treatment in other areas (e.g., employment, access to and use of facilities, social services, transportation, etc.).

> "No otherwise qualified handicapped individuals in the United States ... shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance."

It should be pointed out that Public Law 94-142 also expanded the mandate of equal opportunity beyond educational services to "related services."

> "The term related services means transportation, and such developmental, corrective, and other supportive services (including speech pathology and audiology, psychological services, physical and occupational therapy, recreation, and medical and counseling services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a handicapped child to benefit from special education, and include the early identification and assessment of handicapping condition in children (20 U.S.C. 1401 [17])."

Public Law 89-750 or Education of the Handicapped Act, first required a comprehensive state plan and first required centers and services for deaf/blind children. It also amended ESEA (1965) by adding a new Title VI; effective July 1, 1971. As well, it superseded P. L. 85-926, Grants for Teaching in the Education of Handicapped Children; P. L. 88-164, Title III and IV of the Mental Retardation facilities and Community Mental Health Center Construction Act of 1963; and P. L. 85-905, Instructional Media for Handicapped Children.

P. L. 94-142 then superseded P. L. 89-750.

An additional federal law that is important here is the Developmentally Disabled Assistance and Bill of Rights Act of 1975, since the deaf/blind are often associated with institutional and residential programs. This law declares that the federal and state governments must insure that no public funds are provided to any institution or residential program which does not provide habilitation and does not meet certain minimum standards of treatment and services. An individual habilitation plan (IHP), which is required for each resident, outlines the treatment and services.

The deaf/blind qualify easily under the "substantial limitation" criterion for coverage under the Developmentally Disabled Assistance and Bill of Rights Act (birth to death coverage) and "a right to appropriate treatment, services, and habilitation for such disabilities," laps broadly over the "educational and related services" of 94-142.

Finally, on the state level ... The Kansas Plan for Special Education (required by 94-142) and the Kansas Special Education for Exceptional Children Act are relevant to this area. As is the Kansas White Cane Law that regulates the accessibility requirements for public places and a state law that requires that the State of Kansas be notified of all legally blind residents.

To summarize the more salient points, it can be said that the above laws require that:

1. ... A free public education be made available to handicapped children and that the education be provided in as normal a setting (least restrictive environment) to the greatest possible extent (20 U.S.C. 1401, et. seq.; 29 U.S.C. 794; K.S.A. 1977 Supp. 72-961 et. seq.).

   ... a free and appropriate education which emphasizes special education and related services designed to meet their unique needs (P. L. 94-142, Sect. 3 (a), 89 Stat. 775).

... to be provided educational and related services in the least restrictive environment consistent with their needs (20 U.S.C. 1412 [5] [1975]).

2. ... the state plan must (and does) contain provisions for identification and evaluation of handicapped children, the development of individualized education plans (I.E.P.) for all handicapped children, and due process protection in the event of a disagreement between the parents and the school (20 U.S.C. 1412 [1975]).

3. ... a non-biased (culturally or racially discriminating) evaluation to determine whether or not a child requires special education must be done and can be initiated by the parent, legal guardians, or the school. When the school intends to evaluate a child they must notify the parents in their native language and the parents must be given an opportunity to meet with school officials to discuss the evaluation (K.S.A. 1977 Supp. 72-972 [b]; State Plan, p. 29).

4. ... Notice must be given to parents or the legal guardian prior to each step in providing services (identification, evaluation of need, placement, evaluation of progress, etc.) and in most cases, consent is required after notice (P. L. 94-142).

5. ... if parents refuse, or decide to challenge, a program; they have the right to a hearing, to see all records, to be accompanied by an attorney and an independent expert, may provide evidence and cross examine service providers. The entire hearing must take place before an independent hearing officer or the local school board, must be on record, and the parents have the right of appeal to the State Board (State Plan). (See the State Plan for details of the appeals process.) .

6. ... The school district shall pay the cost of the hearing (K.S.A. 1977 Supp. 72-975 [c]) and must pay for an independent assessment if more appropriate.

7. ... non-academic services (educational support) must be provided for handicapped children (45 C.R.F. 84.37).

8. ... The State Department of Education must administer the 94-142 Law in Kansas.

Handicapped Students in post-secondary education:

1. ... may not be discriminated against in the recruitment, admission, or other policies of an educational institution (45 C.F.R. 84.42).

2. ... must be given equal access to educational and extra-curricular programs (45 C.F.R. 84.47).

3. ... must be provided student housing at the same cost and same quality as non-handicapped students (45 C.F.R. 84.45).

4. ... may not be discriminated against in the provision of financial assistance (45 C.F.R. 84.46).

5. ... institutions are required to make "academic adjustments" which allow handicapped students equal participation in all programs (45 C.F.R. 84.44).

To continue the summary, the laws mentioned in the beginning of this section have also been interpreted to provide protection for handicapped students who in the past have been subjected to many abuses. Federal law:

1. ... forbids long-term isolation in narrow treatment programs. Use of normal settings must be maximized and special programs minimized as much as possible for handicapped students.

2. ... requires that procedures be in writing and under the control of staff members who have demonstrated competencies at an acceptable level.

3. ... prohibits the use of medication as punishment, as an aid to custodial care, and as a substitute for a real program of aid or whenever it reduces the effectiveness of aid.

4. ... prohibits the requirement of the handicapped to work, or from placement in spurious work assignments for an institution without pay.

5. ... prohibits the use of unreasonable corporal punishment and the use of any corporal punishment without due process.

6. ... prohibits placement in a facility where conditions are below minimum standards (public or private).

There are additional education (training) related policies designed by SRS in the form of guidelines and standards for intermediate care facilities (ICF) in the State. They are, however, more specific than what was envisioned for this document.

EQUAL EMPLOYMENT OPPORTUNITY AND TREATMENT

The Federal Personnel Manual states "... employees or appointing officers shall not discriminate on the basis of a physical handicap with respect to any position the duties of which may be efficiently performed by a person with the physical handicap." This rule applies to appointments, position changes, adverse personnel actions and termination.

This equal employment opportunity policy and other policies, laws, etc., that will be covered here, are rooted (much like equal education opportunity) in the 14th Amendment guarantees of "equal protection" and "due process of law."

Legalists have argued for years as to whether or not there is a "right to employment" and in some instances the courts have interpreted it thusly (Smith v. Texas, 233 U.S. 630, 636 [1914], Truax v. Raich, 239 U.S. 33, 41 [1915]).

The Supreme Court spoke well before legislation existed . . . to this matter in relation to "public" employment:

> "We need not pause to consider whether an abstract right to public employment exists. It is sufficient to say that constitutional protection does extend to the public servant whose exclusion . . . is potently arbitrary or discriminatory (Wieman v. Updegraff 344 U.S. 183, 192 [1952]).

In Kansas the law is very specific as it relates to the handicapped. The Kansas Act Against Discrimination applies to public and private employers alike and specifically prohibits discrimination against persons with a physical handicap.

More recent federal legislation buttress the law in Kansas in several ways:

1. ... discrimination on the basis of handicap is prohibited in recruitment, hiring, compensation, fringe benefits, and other aspects of employee benefits (45 C.F.R. 84.11).

2. ... employers . . . are required to make "reasonable accommodations" to enable qualified handicapped persons to carry out their duties (45 C.F.R. 84.12).

3. ... employers must also utilize tests or other selection criteria which are job related and do not screen out otherwise qualified persons from considerations (45 C.F.R. 84.13).

In addition to the above, employers who receive federal funds or contract with the federal government:

1. ... must adopt an internal grievance procedure to process complaints from handicapped employees (45 C.F.R. 84.7).

2. ... must designate one individual as responsible for the coordination of non-discriminatory procedures (45 C.F.R. 84.7).

3. ... must take appropriate steps to notify beneficiaries and employees of the non-discrimination policies and procedures of the organization (45 C.F.R. 84.7).

Beyond equal opportunity, the issue of affirmative action, has been introduced in several mandatory forms such as the below excerpt from Section 503 of the Rehabilitation Act.

> ... the contractor agrees to take affirmative action to employ, advance in employment and otherwise treat qualified handicapped individuals without discrimination ....

This agreement is also required of organizations receiving federal grants and benefits from federal programs.

GUARDIANSHIP/CONSERVATORSHIP

For the individual, guardianship results in a deprivation of personal rights and civil liberties. The adult who is found to be in need of guardianship is reduced to the status of a child in the eyes of the law. Although there are individual differences among states, most statutes deprive the ward of the right .... :

1. to buy or sell property,
2. to contract,
3. to sue or be sued,
4. to make gifts,
5. to write checks,
6. to generally engage in financial transactions of any kind,
7. to vote,
8. to marry,
9. to operate a motor vehicle, and
10. to consent to or refuse medical treatment

Adapted from Horstman (p. 523)
The Legal Rights of Handicapped Persons — 1980

The following rhetorical questions and answers were adapted from "A Guide to Guardianship in Kansas" by Barbara Blee, J.D., M.S.W.

Until reaching 18, Kansas children are considered legally incapable of making major life decisions. However, reaching 18 is not always accompanied by increased maturity and decision making power. When it is not, some protection must be provided for those who are incapable.

What is Guardianship?

> ... A legal relationship between a competent adult and a minor child or adult whereas the guardian or conservator has the power and duty to make decisions on behalf of the ward or conservatee. This relationship is established because the individual is determined to be incapable of protecting his/her own well being.

A "guardian" exercises control over the personal affairs of another individual.

A "conservator" exercises control over the estate of another individual.

A "guardian" is often also a "conservator" but not necessarily vice versa.

How is a guardianship accomplished?

- an adult files an application in a state district court in which district the individual (proposed ward or conservatee) resides
- a hearing is conducted to determine if the individual (proposed ward or conservatee) is an "incapacitated person."
- there are protections for the proposed ward/conservatee under Kansas Laws

Who can be a guardian/conservator?

- an adult
- a suitable . . . a fit and proper person
- not incapacitated
- free of conflict of interest with ward/conservatee
- a Kansan

May a guardian/conservator be removed?

- Yes

May an "incapacitated person" be judged to be restored to capacity and the legal relationship undone?

- Yes

Where can I learn more?

Kansas Advocacy and Protection Services
for the Developmentally Disabled, Inc.
Suite 2
513 Leavenworth
Manhattan, KS 66502
(913) 776-1541

Additional terms and concepts are:

Two alternatives to all-or-nothing competency hearings are:

1. limited guardianship . . . where a person is declared incompetent for a specific purpose (particular matters) but he or she retains the right to make decisions and exercise authority in all other areas.

2. A system of supportive services and sometimes training is set up to help an individual where competence is missing (e.g., a contract is arranged for temporary financial management services plus personal training . . . or, supportive food preparation, medical attention, and housekeeping is provided so an elderly person can stay home instead of being committed to a nursing home and therapeutic nihilism.

... General guardianship involves an all-or-nothing proposition.

... Guardianship of the person refers to power over personal affairs ... as possibly opposed to a guardian of property ... or a guardian of both.

... Temporary guardian (some states) a simpler process is used when necessity or expediency are considerations.

... Public guardianship (some states) is where designated state or local government officials are allowed to accept guardianship appointments.

... Adult protective services is an attempt to provide services to meet the special needs of a handicapped or elderly person on a voluntary basis and avoid guardianship.

The court may authorize specific transactions such as an emergency intervention in certain medical situations (and obviate the need for a guardianship) . . or a specific financial transaction. For example:

> ... without appointing a guardian, may authorize or direct a transaction with respect to the property, service, or care arrangement of the ... disabled person. These transactions include but are not limited to (1) payment, delivery, deposit, or retention of funds or property; (2) sale, mortgage, lease or any other transfer of property; (3) purchase of contracts for an annuity, life care, training, or education; or (4) any other transaction described in [the section enumerating the power of a _fiduciary_] (Md. Est. & Trusts Code Ann., Section 13.204 (1974).

INSTITUTIONAL RIGHTS

1. ... the right of "habilitation" (i.e., the process by which the staff of an agency assists individuals to acquire and maintain those life skills that enable them to cope more effectively with the demands of their own person and of their physical, mental, and social functioning). (Standards for Services for Developmentally Disabled Individuals).

2. ... persons in institutions have the right to habilitation in the "least restrictive setting." (Shelton v. Tucker, 364 U.S. 479 (1960).

3. ... the right to freedom from harm (New York State Association for Retarded Children v. Rockefeller, 357 F. Supp. 752 [E.D.N.Y. 1973]).

4. ... the following (without the author's specific citations) was taken from an article by Menninger and Dittmeier in the Journal of the Kansas Bar Association, fall of 1978.

"Perhaps the most significant case regarding institutions for the mentally retarded is Halderman et. al. v. Pennhurst State School and Hospital, et. al. (Pennhurst). The court ordered the formulation of a plan to de-institutionalize all present residents and to close the institution. This action was occasioned by violations of the residents's rights under the federal constitution, as well as federal and state law. The court held that conditions at Pennhurst violated the residents' right to habilitation in the least restrictive setting, the right to be free from harm, the right to non-discriminatory habilitation under the equal protection clause, the right under Pennsylvania law to minimally adequate habilitation, and the right under federal law to non-discriminatory habilitation, based on 504 of the Rehabilitation Act of 1973. The court determined that Pennhurst segregated the residents in a discriminatory manner and that the defendants had a statutory duty to provide non-discriminatory habilitation services. Because of its encapsulation of virtually all the rights of mentally retarded people in institutions, Pennhurst must be considered a seminal case."

HOUSING AND ZONING RESTRICTIONS

The generalized trend towards normalization (deinstitutionalization) of handicapped persons into the mainstream of American society has given rise to a need for additional housing alternatives for handicapped persons (e. g., halfway houses, cooperative apartments, cluster apartments, group homes, foster homes, family care programs, sheltered care facilities, foster communities, long term medical facilities, and crisis centers). There is often opposition to the locating of such programs in particular neighborhoods.

The courts have built a body of interpretations (not easily summarized) for such charges that these alternatives are not "single family residence," and that the facilities must meet special local fire codes (must have external fire escapes, a sprinkler system, fire extinguishers, fire alarm boxes, etc.), housing, licensing codes, restrictive covenants in deeds, homeowner association rules, etc. Many protective standards are at odds with "normalization" but are often premised on "humanitarian" arguments centering around protecting "helpless" persons. Resulting exorbitant costs often make alternative living arrangements "not feasible." Other objections are based on fear of association, crime, and fear of loss of property value.

The reader is referred to the following sources for a detailed treatment of the models, the relevant case findings, and "how to do it." The courts most often rule these arrangements to be single family dwellings requiring nothing extraordinary.

1. Chapter 7. The Legal Rights of Handicapped Persons. Paul H. Brookes, Publishers, 1980.

2. Housing for the Handicapped and Disabled: A Guide for Local Action. M. Thompson. The National Association for Housing and Redevelopment Officials (1977).

3. President's Committee on Mental Retardation Changing Patterns in Residential Services for the Mentally Retarded. R. Kugel & W. Wolfensberger, eds. 1969.

PHYSICAL ACCESSIBILITY

As mentioned earlier, accessibility has been interpreted as a prerequisite to equal education and employment opportunities and consequently is implicitly within the mandates of those laws.

Accessibility is also a prerequisite to any program or activity covered by Section 504 of the Rehabilitation Act of 1973 and consequently is implicitly within the mandate of that law.

Section 504 "No otherwise qualified handicapped individual in the United States, ... shall, solely by reason of his handicap, be excluded from participation, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive Agency or by the United States Postal Service."

This section has been applied to:

1. ... public and private buildings, and
2. ... public transportation and including mass transit, buses, railroad cars, airlines.

While the issue of public transportation is still not clearly defined (as it relates to balancing safety, a need for an attendant, the substance of what constitutes a reasonable attempt to accommodate, etc.; and this includes the Urban Mass Transportation Act of 1964 and 1970;) the matter of accessibility to public and private buildings is more clear.

1. ... In the case of new construction (after June 3, 1977; they must be barrier free and when older buildings are altered, those parts must be barrier free (i.e., bathrooms, doorways, stairways, etc.). 45 C.F.R. 84.23)
2. ... In Kansas, alterations and new construction of public buildings and facilities must meet ANSI standards (K.S.A. 58-1301, et. seq.).

... The Architectural Barriers Act of 1969 required the development of prescribed standards for the design, construction, and alteration of public buildings (making some exceptions) to insure whenever possible that physically handicapped persons will have ready access to, and use of, such buildings.

... The Secretary of Transportation is forbidden from funding any program that does not enable "effective utilization" by handicapped persons under the Federal Highway Act (as amended, 1974)

... The Amtrak Improvement Act of 1974 and as amended in 1976, authorized all steps necessary to insure that no elderly or handicapped person is denied intercity transportation by their system.

... The Public Works Employment Act of 1977 has a mandatory handicapped accessibility requirement for funding projects.

... Recipients of revenue-sharing funds are prohibited from discriminating against handicapped persons.

... Sources of funds for removing barriers include the Public Works Employment Act, P. L. 94-142, the Community Development Act, and the State and Local Fiscal Assistance Act of 1972 as amended in 1976.

... The involved judicial debates regarding the feasibility of an accessible city bus were ended in 1977 by a decision of the Secretary of Transportation to require all new vehicles purchased with UMTA funds to meet "Transbus" specifications. Virtually all urban bus systems are subsidized by the DOT and are affected.

THE KANSAS WHITE CANE LAW, 1969, has been termed "the basic right of accessibility legislation for the blind in Kansas." It assures that a person carrying a white cane or moving around with a dog guide has the right to take these mobility aides into any public place. The law does not specifically mention restaurants or eating places among the examples of public places given, but the State Food and Lodging Board Regulations regulating restaurants and eating places does state that dog guides accompanying blind or visually handicapped persons are permitted in the dining rooms and eating areas of these establishments. They are therefore clearly included under the public place category.

The law also states that all traffic will come to a complete and total stop when a blind person using either a white cane or a dog guide steps into a street.

EQUAL OPPORTUNITY AND ACCESS TO SERVICES

1. ... the provisions of health, welfare, or other social services must be undertaken in a manner which affords handicapped persons equal opportunity to those services (45 C.F.R. 84.52).

2. ... providers of social services must make provisions for the utilization of their services by handicapped persons (e.g., brailled and taped materials, or the use of interpreters (45 C.F.R. 84.53).

EQUAL ACCESS TO MEDICAL SERVICES

This area encompasses four particular issues:

1. access to medical services,
2. informed consent,
3. refusal of medical services, and
4. access to medical records.

Although they are a common concern to all, these issues are particularly important in the area of handicapped individuals. They have a greater need; there are often questions about "informed decisions," and there is a need to access medical records in order to determine the quality and progress of treatment programs and treatment individuals receive.

Most of this body of law was developed in the process of litigation and is not easily summarized. Few federal laws were found that specifically speak to the area of private medical services as such and physicians and others in the health services area of the private sector seldom fall within the jurisdiction of the federal government (except in matters of neglect or discrimination). Institutional medical services and public health services are more likely to be supported in part by federal funds and more likely to be covered by relevant laws. These were covered previously under separate sections (institutional treatment and accessibility to public services).

Cases discussed in Burgdorf's The Legal Rights of Handicapped Persons revolve around situations and concerns such as those summarized below.

> "For 15 days—until he starved to death—the newborn infant lay in a bassinet in back of the nursery at Johns Hopkins University Hospital. A sign said: 'Nothing by mouth.'
>
> The baby's life could have been saved by a simple operation to correct the intestinal blockage that kept him from digesting any food.

But because he was born mongoloid, the parents refused to give the hospital permission to operate. And without permission, the doctors said they had no legal right to perform the operation."

(Washington Post, Oct. 15, 1971)

Note: the medical examiner indicated the absence of one eye, a rudimentary left ear with no ear canal, and a tracheal esophageal fistula. The court intervened prior to death but too late.

A blind woman is ejected from a physician's waiting room because she refuses to remove her guide dog. The physician refused to treat a vaginal infection and failed to assist her in finding other medical attention. The Supreme Court of Virginia found damage under two points: 1) breach of a physician's duty and 2) violation of White Cane Law.

... disclosure of risk and alternatives of proposed treatment

The root premise is the concept . . . that every human being of adult years and sound mind has a right to determine what shall be done with his own body . . . (Schloendorff v. Society of New York Hospital, 211 N.Y., 105 N.E. 92, 93 [1914]).

... access to medical records

The privilege of confidentiality belongs to the patient; it can be waived only by the patient (Storrs v. Scougale, 48 Mich. 387, 395, (2 N.W. 502, 505 [1882]).

The physician-patient privilege is the privilege of the patient. The guardian can legally act for his mentally incompetent ward who cannot act for himself (Gaertner v. State, 385 Mich. 49, 187 N.W. 2d 429 [1971]).

SYSTEM RELATED FUNDING SOURCES

This section contains the federal laws that provide funds for various activities, services, facilities, and benefits that are used now or that might be used in the future, to aid in the implementation and maintenance of a continuum of services (system) for deaf/blind individuals in Kansas.

A more complete detailing can be found in the various catalogs of federal assistance and complete details may be obtained from application packages obtainable from the appropriate department or the Government Printing Office. As well, federal assistant catalogs are available at most public libraries on request.

NOTES: The following listing does not include programs for veterans or funds which are exclusively for training professionals.

1978 Amendments should be assumed anytime Rehabilitation Act of 1973 is mentioned.

All Vocational Rehabilitation legislation includes provision for blind.

AGING: funds to improve social services, employment, financial assistance for medical needs, hospital insurance, rental or cooperative housing and low-income supplements for the aging and handicapped.

Legislation:

- Older Americans Act of 1965, P. L. 89-73, as amended by P. L. 90-42, 91-69, 92-258 and 93-351; and 95-478, Title IV-C.
- Title V of Older Americans Act, P. L. 94-135, 89 Stat. 720, 42 U.S.C. 3056a.
- Title XIX Social Security Act as amended; P. L. 89-97; P. L. 90-248; P. L. 91-56; 42 U.S.C. 1396 et. seq.; P. L. 92-223; P. L. 92-603; P. L. 93-66; P. L. 93-233.
- Social Security Amendments of 1965, Title XVIII, Part A and B; P. L. 89-97, as amended by P. L. 90-248, 92-603, 93-233, 94-182 and 94-437; 42 U.S.C. 1395 et. seq.
- National Housing Act, as amended in 1959, Section 231; P. L. 86-372; 73 U.S.C. 654; 12 U.S.C. 1715 (V).
- Housing Act of 1959, as amended by the Housing and Community Development Act of 1974, Title II, P. L. 86-372, 12 U.S.C. 1701q, 73 Stat., 654, 667.
- Federal Property and Administrative Services Act of 1949, as amended; Sections 203 (k); P. L. 81-152; 40 U.S.C. 484.
- Social Security Act of 1935, as amended; P. L. 74-271; Titles I, IV - Part A, X, XI, XIV, XVI; 42 U.S.C. 601 et. seq., 1301 et. seq., 1351 et. seq.; P. L. 86-571; 24 U.S.C. 321 et. seq.; P. L. 95-171; and P. L. 95-216; Revenue Act of 1978 and P. L. 95-600.
- Title IV, Part A of the Energy Conservation and Production Act, P. L. 94-385; 42 U.S.C. 6861-6870; Dept. of Energy Organization Act, 42 U.S.C. 7101; P. L. 95-91; Title II, Part 2 of the National Energy Conservation Policy Act, P. L. 95-619 (92 Stat. 3207).

- Social Security Amendments of 1972, Title XVI Parts A and B, P. L. 92-603, 93-66, 93-233, 93-368, 94-202, 94-331, 94-455, 94-566, 94-569, 94-585, 95-171, and 95-216 (Amendments of 1977).

- Social Security-Special Benefits for Persons Aged 72 and Over (13-804).

- Social Security Act, as amended: Title IV, Part A, and Title XI, Sections 1110 and 1115; P. L. 90-248; and P. L. 88-452; 42 U.S.C. 1310 and 1315.

- Domestic Volunteer Service Act of 1973, P. L. 93-113, Title II, Part B, Section 211 (a) and (b).

ARCHITECTURAL BARRIERS/HOUSING:

Community Development Block Grants for decent housing; funds for barrier removal, safe housing, rental housing, home repair, weatherization, independent living, and transportation services to the handicapped.

Legislation

- Title I of the Housing and Community Development Act of 1974, P. L. 93-383 as amended by the Housing and Community Development Act of 1977, P. L. 95-128 and the Housing and Community Development Amendments of 1978; P. L. 95-557; 42 U.S.C. 5301-5317.

- Title 23 U. S. Code as amended; Federal-Aid Highway Act of 1973; P. L. 93-87; Federal-Aid Highway Amendments of 1974, P. L. 93-643; Federal-Aid Highway Act of 1976, P. L. 94-280; Surface Transportation Assistance Act of 1978, P. L. 95-599.

- 16 U.S.C. 1-4 et. seq. Land and Water Conservation Fund Act of 1965; P. L. 88-578; 78 Stat. 897; as amended by P. L. 90-401 (82 Stat. 354); P. L. 91-485 (84 Stat. 1084); P. L. 91-308 (84 Stat. 410); P. L. 92-347 (86 Stat. 460); P. L. 93-81 (87 Stat. 178); P. L. 94-422 (Stat. 1313); P. L. 95-42 (91 Stat. 210).

- Urban Mass Transportation Act of 1964; P. L. 88-365, as amended through February 5, 1976; 49 U.S.C. 1601 et. seq.

- Title V of the Housing Act of 1949, as amended, 42 U.S.C. 1471, et. seq.; P. L. 92-310; 42 U.S.C. 1480; and 42 U.S.C. 1472.

- Housing Act of 1949 as amended, Sections 515 and 521; P. L. 89-117; 42 U.S.C. 1485, 1490a.

- National Housing Act as amended, Title 1, Section 2; P. L. 75-479, 84-1020, 90-448; 12 U.S.C. 1703.

- Housing Act of 1959, as amended by the Housing and Community Development Act of 1974, Title II, P. L. 86-372, 12 U.S.C. 1701 q., 73 Stat. 654, 667.

- Title IV, Part A of the Energy Conservation and Production Act, Public Law 94-385; 42 U.S.C. 6861-6870; Department of Energy Organization Act, 42 U.S.C. 7101; P. L. 95-91; Title II, Part 2 of the National Energy Conservation Policy Act, P. L. 95-619 (92 Stat. 3207).

- Economic Opportunity Act of 1964, as amended, Title II, P. L. 95-568; 42 U.S.C. 2790, et. seq.

- Office of Independent Living for the Disabled (B-16).

- National Housing Act, as amended in 1959, Section 231; P. L. 86-372; 73 U.S.C. 654; 12 U.S.C. 1715 (V).

- Housing Act of 1937, P. L. 75-412; 42 U.S C. 1401-1435, as amended by the Housing and Community Act of 1974, P. L. 93-383; 88 Stat. 662, 42 U.S.C. 1437 f. The Supplemental Housing Authorization Act of 1977, P. L. 95-24; 91 Stat. 53; and the Housing and Community Development Act of 1977, P. L. 95-128; 91 Stat.1111, Housing and Community Development Amendments of 1978, P. L. 95-557; 92 Stat. 2080.

- Rent Supplements—Rental Housing for Lower Income Families (14-149).

BLIND: funds provide for modified educational programs, vocational rehabilitation services, income support, library services, and regional centers for the blind.

Legislation:

- Education Amendments of 1974, Title VI, Part B—Education of the Handicapped, Section 625, as amended by P. L. 95-49; P. L. 93-380.
- Rehabilitation Act of 1973; P. L. 93-112 as amended by P. L. 93-516 and 94-230; 29 U.S.C. 701.
- Wagner-O'Day Act of 1938, P. L. 75-739, as amended by P. L. 92-28, 93-76, and 93-358.
- Randolph-Sheppard Act, P. L. 74-732, as amended by P. L. 83-565 and P. L. 93-516.
- Social Security Act of 1935, as amended; P. L. 74-271; Title I, IV - Part A, X, XI, XIV, XVI; 42 U.S.C. 601 et. seq., 1301 et. seq., 1351 et. seq., P. L 86-571; 24 U.S.C. 321 et. seq.; P. L. 95-171; P. L. 95-216; Revenue Act of 1978 and P. L. 95-600.
- Act to provide Books for the Adult Blind, as amended; 2 U.S C. 135, a, a-1, b.
- Education of the Handicapped Act, Title VI, Part C, Section 622; P. L. 91-230; 20 U.S.C. 1422.

BUSINESS: provides loans for the operation of small businesses owned by handicapped persons and for sheltered workshops.

Legislation:

- Small Business Act, as amended, Section 7 (h); P. L. 93-595, Section 3, 86 Stat. 1314; 15 U.S.C. 686 (g).

CHILD ABUSE/NEGLECT:

funds to provide social services to public assistance recipients including protective services; or specific programs to strengthen the capacity of agencies to deal with child abuse and neglect.

Legislation:

- Social Security Act, Title I, P. L. 87-543; 42 U.S.C. 301-306; Title IV, P. L. 90-248; 42 U.S.C. 602-3; Title SVI, P. L. 87-543; 42 U.S.C. 1361-71; Title X, P. L. 87-543; 42 U.S.C. 1201-1206; Title XIV P. L. 89-97; 42 U.S.C. 301-306 and 1361-71; P. L. 92-512; Title XVI; P. L. 92-603; 42 U.S.C. 801-5 and 301; P. L. 93-647, Title XX, 42 U.S.C.; P. L. 95-171.
- Child Development—Child Abuse and Neglect Prevention and Treatment (13.628).

CIVIL RIGHTS:

to enforce the prohibition of discrimination against handicapped persons and to provide equal employment opportunities for the handicapped.

Legislation:

- Civil Rights Act of 1964, Title VI; P. L. 88-352; 42 U.S.C. 2000 (d); Title VII and Title VIII of the Public Health Service Act; Title IX of P. L. 92-38; Section 504 of the Rehabilitation Act of 1973; Section 407 of the Drug Abuse Office and Treatment Act of 1972; Section 321 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970.
- Civil Rights Act of 1964, Title VII; P. L. 88-352; 42 U.S.C. 2000 (e), as amended in 1972, P. L. 92-261; and Executive Order 11246 as amended by Executive Order 11375.
- Executive Order 11246, amended by Executive Order 11375; Section 503 of the Rehabilitation Act of 1973, P. L. 93-516; Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, P. L. 93-508.

- Rehabilitation Act of 1973, Section 501 Veterans' Readjustment Assistance Act of 1974, Section 403 Presidents Reorganization Plan No. 1 of 1978 Executive Order 12106.

CRIPPLED CHILDREN'S SERVICES:

Funds for medical and related services as well as grants for research projects relating to Crippled Children's Services.

Legislation.

- Social Security Act, P. L. 74-271, Title V, Section 504, 42 U.S.C. 704.

- Social Security Act as amended; P. L. 86-778, Section 512; 42 U.S.C. 712.

DEAF: provides for rehabilitation services, instructional media, and the development of regional educational programs.

- Rehabilitation Act of 1973; P. L. 93-112 as amended by P. L. 93-516 and 94-230, 29 U.S.C. 701.

- Education of the Handicapped Act, Title VI, Part F; P. L. 91-230; 20 U.S.C. 1451, 1452, 1453; P. L. 94-142 as amended.

- Education Amendments of 1974, Title VI, Part B—Education of the Handicapped, Section 625, as awarded by P. L. 95-49; P. L. 93-380.
- Public Law 95-602

DEVELOPMENTAL DISABILITIES:

funds for services to protect legal and human rights, to improve quality of services, public awareness, coordination of community resources and to provide technical assistance, administrative services, and research on developmental health problems.

Legislation:

- Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, P. L. 88-164; as amended by P. L. 91-517, the Developmental Disabilities Services and Facilities Construction Act of 1970; as amended by P. L. 95-602, Rehabilitation, Comprehensive Service, and Developmental Disabilities Amendments of 1978.
- Public Health Service Act, Section 301 (c) and Section 444; P. L. 78-410, as amended; 42 U.S.C. 241; 42 U.S.C. 289g. Public Health Service Act, Section 472; 42 U.S.C. 2891-1.

EARLY PERIODIC SCREENING, DIAGNOSIS & TESTING:

provides comprehensive health care programs for needy children.

Legislation:

- Social Security Act, Title XIX, Section 1905 (a) (4) (B).

EDUCATION:

Adult: provision of funds for support services, vocational training, family planning, and special education projects for handicapped individuals as well as educational assistance (financial) for dependents or spouses of disabled persons. Funds may be obtained to provide training for professionals, paraprofessionals and volunteers to instruct the handicapped.

Legislation:

- Smith-Level Act as amended, 7 U.S.C. 341-349; District of Columbia Public Postsecondary Education Reorganization Act, D. C. Code 31-1718; Rural Development Act of 1972, 7 U.S.C. 2661-2668, Farmer-to-Consumer Direct Marketing Act of 1976, 7 U.S.C. 3004, Food and Agriculture Act of 1977, Public Law 95-113.

- Vocational Education Act of 1963, as amended by Title II of the Education Amendments of 1976, P. L. 94-482, 20 U.S.C. 2301 to 2461; 90 Stat. 2168-2213.

- Public Health Services Act as amended, Public Law 95-83, Title X, Section 1001, 42 U.S.C. 300.

- Education Amendments of 1974, Title VI, Part B—Education of the Handicapped, Section 625, as amended by P. L. 95-49; P. L. 93-380.

- Dependents Educational Assistance (64.117)

Audio-visual: to provide library materials and special equipment such as braille books to libraries or educational facilities.

Legislation:

- Title IV of the Elementary and Secondary Education Act of 1965; P. L. 89-10 as amended by Section 401 of P. L. 93-380; 20 U.S.C. 1801 et. seq.

- Education of the Handicapped Act; Title VI, Part F; P. L. 91-230; 20 U.S.C. 1451, 1452, 1453; P. L. 94-142 as amended.

Deaf-blind: funds to regional centers for diagnostic procedures for deaf-blind children as well as educational and consultive services for the parents of such children.

Legislation:

- Education of the Handicapped Act, Title VI, Part C, Section 622; Public Law 91-230; 20 U.S.C. 1422

Early Childhood:

provides free appropriate public education and demonstration of services to handicapped children from birth to 8 years; dissemination of information to parents and professionals; evaluation of projects; services for economically disadvantaged preschool children and families.

Legislation:

- Education of the Handicapped Act, Title VI, Part B; Public Law 91-230, as amended by P. L. 93-380; and P. L. 94-142; as amended by Part D, Section 1341 of the Education Amendments of 1978; 20 U.S.C. 1411-1419.

- Education of the Handicapped Act, P. L. 91-230, Title VI, Part C, 20 U.S.C. 1423, as amended by P. L. 95-49.

- Head Start Economic Opportunity and Community Partnership Act of 1974; P. L. 93-644, Title V, Parts A-C; 42 U.S.C. 2921 et. seq. as amended.

Employment/Vocational Rehabilitation:

grants to promote employment opportunities for the handicapped; employment research; vocational rehabilitation services to the handicapped; provision of employment through operation of vending facilities.

Legislation:

- Title III of the Comprehensive Employment and Training Act of 1973 as amended by P. L. 95-524, 92 Stat. 1909, 29 U.S.C. 801 notes. Part C, Title IV of the Social Security Act, as amended.

- Executive order 11480.

- Rehabilitation Act of 1973; P. L. 93-112 as amended by P. L. 93-516 and 94-230; 29 U.S.C. 701.

- Randolph-Sheppard Act, P. L. 74-732, as amended by P. L. 83-565 and P. L. 93-516.

- P. L. 95-602

Equal Education Opportunity:

The Office of Handicapped Concerns assists the Office of Education to enhance educational and employment opportunities for handicapped persons.

Legislation:

- Created by Commissioner of Education

Family Planning:

provides medical and social services relative to planning family size.

Legislation:

- Public Health Services Act as amended, P. L. 95-83, Title X, Section 1001, 4 U.S.C. 300.

Guidance/Counseling/Testing:

grants to disseminate information about special education; to assist low income handicapped students to continue or resume post-secondary education.

Legislation:

- Education of the Handicapped Act, Title VI, Part D, Section 633; P. L. 91-230; 20 U.S.C. 1433.
- Higher Education Act of 1965, Title IV-A; Higher Education Amendments of 1968; P. L. 90-575; 20 U.S.C. 101; P. L. 92-318; P. L. 93-380; 20 U.S.C. 821; P. L. 94-482.

Homemaking Skills:

Training for personnel to help families deal with home life when disability arises.

Legislation:

- Smith-Level Act as amended, 7 U.S.C. 341-349; District of Columbia Public Postsecondary Education Reorganization Act, D. C. Code 31-1718; Rural Development Act of 1972, 7 U.S.C. 2661-2668, Farmer-to-Consumer Direct Marketing Act of 1976, 7 U.S.C. 3004, Food and Agriculture Act of 1977, P. L. 95-113.

Regional Resource Centers:

To provide advice and technical services to educators to improve education of handicapped individuals.

Legislation:

- Education of the Handicapped Act, Title VI, Part C, P. L. 91-230; 20 U.S.C. 1421.

Research and Demonstration:

To improve the education of handicapped persons.

Legislation:

- Education of the Handicapped Act, Title VI, Part E, P. L. 91-230 as amended by P. L. 95-49, 20 U.S.C. 1441

- Vocational Education Act of 1963, Title 1, Part B, Subpart 2, Section 171, as amended by the Education Amendments of 1976, P. L. 94-482, Title II; 20 U.S.C. 2401; 90 Stat. 2201.

- Section 405 of the General Education Provisions Act as amended by the Education Amendments of 1976, P. L. 94-482; 20 U.S.C. 1221e.

- National Science Foundation Act of 1950, as amended (42 U.S.C. 1861-1975, P. L. 81-507), and miscellaneous other laws codified at 42 U.S.C. 1876-1884.

Severely Handicapped:

To improve educational training services and acceptance of the category by the general public and by professionals.

Legislation:

- Education of the Handicapped Act, Title VI, Part C, Section 624; P. L. 94-230; 20 U.S.C. 1424.

Vocational:

provide for physical education, mobility training, counseling, construction of facilities, personnel, placement services, industrial arts, day care, career education models, independent living and modified programs for the handicapped.

Legislation:

- Elementary and Secondary Education Act of 1965, Title I; P. L. 89-10, as amended by P. L. 89-313; 93-380, and 94-142; 20 U.S.C. 241c (a) (5).

- Vocational Education Act of 1963, as amended by Title II of the Education Amendments of 1976, P. L. 94-482; 20 U.S.C. 2301 to 2461; 90 Stat. 2168-2213.

- Special Projects Act, Title IV, Section 406 of the Education Amendments of 1974; P. L. 93-380; 20 U.S.C. 18650; 88 Stat. 551-533.

- Economic Opportunity Act of 1964, as amended, Title II, P. L. 95-568; 42 U.S.C. 2790, et. seq.

- Comprehensive Employment and Training Act of 1973, Title III, Section 301, Part A, as amended by P. L. 95-524, 92 Stat. 1909, 29 U.S.C. 801 note.

- Education Amendments of 1974, Title VI, Part B - Education of the Handicapped, Section 625, as amended by P. L 95-49; P. L. 93-380.

EMPLOYMENT:

Blind: for the direct procurement of selected commodities and services by government to workshops which serve blind and severely handicapped individuals.

Legislation:

- Wagner—O'Day Act of 1938, P. L. 75-739, as amended by P. L. 92-28, P. L. 93-76, and P. L. 93-358.

Employment Training/Vocational Rehabilitation:

grants to promote employment opportunities for the handicapped, employment research, vocational rehabilitation services to the handicapped; provision of employment through operation of vending facilities.

Legislation:

- Title III of the Comprehensive Employment and Training Act of 1973 as amended by P. L. 95-524, 92 Stat. 1909, 29 U.S.C. 801 notes, Part C, Title IV of the Social Security Act as amended.
- Randolph-Sheppard Act, P. L. 74-732, as amended by P. L. 83-565 and P. L. 93-516.
- Rehabilitation Act of 1973; P. L. 93-112 as amended by P. L. 93-516 and 94-230; 29 U.S.C. 701.
- Executive Order 11480.
- Vocational Education Act of 1963, as amended by Title II of the Education Amendments of 1976, P. L. 94-482; 20 U.S.C. 2301 to 2461; 90 Stat. 2168-2213.
- Social Security Amendments of 1972, Title XVI, Parts A and B, P. L. 92-603, 93-66, 93-233, 93-368, 94-566, 94-569 and 94-585.

- Titles I, II, IV, VI, and VII of the Comprehensive Employment and Training Act of 1973, as amended, P. L. 95-524, 92 Stat. 1909, 29 U.S.C. 801 note.

- Comprehensive Employment and Training Act of 1973, Title III, Section 301, Part A, as amended by P. L. 95-524, 92 Stat. 1909, 29 U.S.C. 801 note.

- Economic Opportunity Act of 1964, as amended, Title II, P. L. 95-568; 42 U.S.C. 2790, et. seq.
- P. L. 95-602

Placement:

provide part-time work, placement services, vocational rehabilitation services and assurance of safe and healthful working conditions for handicapped persons.

Legislation:

- Rehabilitation Act of 1973; P. L. 93-112 as amended by P. L. 93-516 and 94-230; 29 U.S.C. 701.

- Title V of Older Americans Act, P. L. 94-135, 89 Stat. 720, 42 U.S.C. 3056a.

- The Wagner-Peyser Act of 1933, P. L. 73-30, as amended; 29 U.S.C. 49-49r and 39 U.S.C. 338. The Social Security Act of 1935, P. L. 74-271, as amended; and provisions relating to Employment Security; 42 U.S.C. 1101 et. seq. The Vietnam Era Veterans' Readjustment Assistance Act of 1974, Title IV P. L. 93-508 as amended; 38 U.S.C. 2001-2014. The Trade Expansion Act of 1974, P. L. 93-618. Comprehensive Employment and Training Act of 1973, as amended by P. L. 95-524, 92 Stat. 1909, 29 U.S.C. 801 note; The Rehabilitation Act of 1973; P. L. 93-112; Emergency Jobs and Unemployment Extension Act of 1975, P. L. 94-45; and the Airline Deregulation Act of 1978, P. L. 95-504, 92 Stat. 1705, 49 U.S.C. 1301.

- Occupational Safety and Health Act, P. L. 91-596; Construction Safety Act, P. L. 91-54; Service Contract Act, P. L. 89-286; Maritime Safety Act, P. L. 85-742; Walsh-Healey Public Contracts Act, P. L. 74-846.
- P. L. 95-602

Sheltered Workshops:

expand services provided by State Vocational Rehabilitation agencies or non-profit organizations, loans for sheltered workshops to produce marketable goods or for the operation of small businesses owned by handicapped persons; direction of procurement of commodities by government to workshops.

Legislation:

- Rehabilitation Act of 1973, P. L. 93-112, Sections 112, 120, 301 (b) (c), 302 (b) (c), 304 (b) (2), 304 (b) (3), 304 (c) (d), 304 (e), 305, P. L. 94-230 (1976); 29 U.S.C. 701.

- Small Business Act, as amended, Section 7(h); P. L. 93-595; Section 3, 86 Stat. 1314; 15 U.S.C. 686(g).

- Wagner–O'Day Act of 1938, P. L. 75-739; as amended by P. L. 92-28, P. L. 93-76, and P. L. 93-358.

- P. L. 95-602

FACILITIES:

funds provide for barrier removal, provision of acceptable parking spaces, facilities for child welfare, deaf/blind regional centers, educational programs, sheltered workshops, nursing homes, transportation, vocational rehabilitation programs and services for the developmentally disabled.

Legislation:

- Title 23 U.S.Code as amended; Federal-Aid Highway Act of 1973, P. L. 93-87; Federal-Aid Highway Amendments of 1974, P. L. 93-643; Federal-Aid-Highway Act of 1976, P. L. 94-280. Surface Transportation Assistance Act of 1978; P. L. 95-599.

- 16 U.S.C. 1-4 et. seq. Land and Water Conservation Fund Act of *1965; Pol. 88-578; 78 Stat. 897*; as amended by P. L. 90-401 (82 Stat. 354); P. L. 91-485 (84 Stat. 1084); P. L. 91-308 (84 Stat. 410); P. L. 92-347 (86 Stat. 460); P. L. 93-81 (87 Stat. 178); P. L. 94-422 (90 Stat. 1313); P. L. 95-42 (91 Stat. 210).

- Social Security Act, as amended, Title IV, Part B, Section 426; P. L. 86-778; 96-248; 42 U.S.C. 626.

- Education of the Handicapped Act, Title VI, Part C, Section 622; P. L. 91-230; 20 U.S.C. 1422.

- Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, P. L. 88-164; as amended by P. L. 91-517, the Developmental Disabilities Services and Facilities Construction Act of 1970; as amended by P. L.

- Elementary and Secondary Education Act of 1965, Title I; P. L. 89-10, as amended by P. L. 89-313; 93-380, and 94-142; 20 U.S C. 241c (a) (5).

- Education of the Handicapped Act, Title VI, Part B; P. L. 91-230, as amended by P. L. 93-380 and P. L. 94-142; as amended by Part D, Section 1341 of the Education Amendments of 1978; 20 U.S.C. 1411-1419.

- Title IV of the Elementary and Secondary Act of 1965; P. L. 89-10 as amended by Section 401 of P. L. 93-380; 20 U.S.C. 1801 et. seq.

- Small Business Act, as amended, Section 7 (h); P. L. 93-595, Section 3, 86 Stat. 1314; 15 U.S.C. 686 (g).

- P. L.s 88-450, 89-311, 90-432, 93-82, 94-581; 95-62; 38 U.S.C. 5031-5037.

- Urban Mass Transportation Act of 1964; P. L. 88-365, as amended through Feb. 5, 1976; 49 U.S.C. 1601 et. seq.

- Rehabilitation Act of 1973; P. L. 93-112, Sections 112, 120, 301 (b) (c), 302 (b) (c), 304 (b) (2), 304 (b) (3), 304 (c) (d), 304 (e), 305, P. L. 93-512, 95-602, 94-230; 29 U.S.C. 701.

FOOD ASSISTANCE:

provides financial aid to cover costs of daily living needs. There are also a variety of food programs which do not specifically address the handicapped.

Legislation:

- Social Security Act of 1935, as amended; P. L. 74-271; Title 1, IV–Part A, X, XI, XIV, XVI; 42 U.S.C. 601 et. seq., 1301 et. seq. 1351 et. seq; P. L. 86-571; 24 U.S.C. 321 et. seq.; P. L. 95-171; P. L. 95-216; Revenue Act of 1978 and P. L. 95-600.

- Food Programs for Stamps, Distribution, and Child Care Food.

GENETIC COUNSELING:

funds to establish and operate voluntary genetic testing and counseling programs.

Legislation:

- P. L. 95-626; Health Services and Centers Amendments of 1978 which amends Title XI, Part A of the Public Health Services Act, 42 U.S.C. 300 b.

HEALTH:

funds to provide comprehensive services in the areas of maternal and child health, deaf-blind children, public awareness, crippled children, diagnosis and evaluation, home services, Medicaid, nursing home care, nutrition, occupational safety and health and research. See sections on Aging and Early Periodic Screening, Diagnosis, and Treatment.

Legislation:

- Social Security Act, P. L. 74-271, Title V, Section 503 and 504, 42 U.S.C. 703 and 704.

- Education of the Handicapped Act, Title VI, Part C, Section 622 and 624; P. L. 91-230; 20 U.S.C. 1422 and 1424.

- Rehabilitation Act of 1973; P. L. 93-112 as amended by P. L. 93-516 and 94-230; 29 U.S.C. 701.

- Title XIX, Social Security Act as amended; P. L. 89-97; P. L. 90-248, 91-56; 42 U.S.C. 1396, et. seq.; P. L. 92-223, 92-603, 93-66, 93-233.

- Social Security Act, Title XIX, Section 1905 (a) (4) (B).

- Title V, Section 511, Social Security Act, P. L. 89-97 as amended; 42 U.S.C. 711.

- Public Health Service Act, Section 301 (c), 311, and Section 444; P. L. 78-410, as amended; 42 U.S.C. 241 D and G; 42 U.S.C. 289 g. Public Health Service Act, Section 472; 42 U.S.C. 2891-1.

- Social Security Act, Title I, P. L. 87-543; 42 U.S.C. 301-306; Title IV, P. L. 90-248; 42 U.S.C. 602-3; Title XVI, P. L. 87-543; 42 U.S.C. 1361-71; Title X, P. L. 87-543; 42 U.S.C. 1201-1206; Title XIV, P. L. 89-97; 42 U.S.C. 301-306 and 1361-71; P. L. 92-512; Title XI; Title XVI; P. L. 92-603; 42 U.S.C. 801-5 and 301; P. L. 93-647, Title XX, 42 U.S.C.; P. L. 95-171.

- PHS Act, Subpart III, Home Health Services, 339 (a), 339 (b) 42 USC 255.

- Food Programs

- P. L. 95-602

- Occupational Safety and Health Act of 1970, Section 21, Section 20 (a) (1), P. L. 91-596; Federal Mine Safety and Health Amendments Act of 1977, P. L. 95-164, Section 501 (c).

- Social Security Amendments of 1965, Title XVIII, Part A; P. L. 89-97, as amended by P. L. 90-248, 92-603, 93-233, 94-182, 94-437; 42 U.S.C. 1395 et. seq.

- Smith-Level Act as amended, 7 U.S.C. 341-349; District of Columbia Public Postsecondary Education Reorganization Act, D.C. Code 31-1718; Rural Development Act of 1972, 7 U.S.C. 2661-2668, Farmer-to-Consumer Direct Marketing Act of 1976, 7 U.S.C. 3004, Food and Agriculture Act of 1977, P. L. 95-113.

- Head Start Economic Opportunity and Community Partnership Act of 1974; P. L. 93-644, Title V, Parts A-C; 42 U.S.C. 2921 et. seq. as amended.

- Food Programs

- Social Security Act as amended; P. L. 86-778, Section 512; 42 U.S.C. 712.

HOME MANAGEMENT:

funds to provide training for professionals and volunteers to give instructions to the handicapped.

- Smith-Level Act as amended, 7 U.S.C. 341-349; District of Columbia Public Postsecondary Education Reorganization Act, D.C. Code 31-1718; Rural Development Act of 1972, 7 U.S.C. 2661-2668, Farmer-to-Consumer Direct Marketing Act of 1978, 7 U.S.C. 3004, Food and Agriculture Act of 1977, P. L. 95-113.

INCOME SUPPORT:

includes funds for social security disability insurance, income maintenance assistance, supplemental security income and funds to provide vocational rehabilitation services to handicapped individuals.

See Sections on Health (Medicare, Medicaid) and Housing.

P. L. 95-602

Legislation:

- Social Security Act of 1935, as amended; P. L. 74-271, 92-603, 93-66 and 93-233, and 95-216; 42 U.S.C. 420-425.
- Social Security Act of 1935, as amended; P. L. 74-271; Titles I, IV – Part A, X, XI, XIV, XVI; 42 U.S.C. 601 et. seq. 1301 et. seq., 1351 et. seq.; P. L. 86-571; 24 U.S.C. 321 et. seq.; P. L. 95-171; P. L. 95–216; Revenue Act of 1978 and P. L. 95-600.
- Social Security Amendments of 1972, Title XVI Parts A and B, P. L. 92-603, 93-66, 93-233, 93-368, 94-202, 94-331, 94-455, 94-566, 94-569, 94-585, 95-171, and 95-216.
- Rehabilitation Act of 1973; P. L. 93-112 as amended by P. L. 93-516 and 94-230; 29 U.S.C. 701.

INSTITUTIONAL/HOSPITAL CARE:

funds for handicapped Indian children, for the prevention of inappropriate institutional care, and for the arrangement of placement in an institution.

See Sections on Crippled Children's Services and Health (Medicare, Medicaid).

Legislation:

- Snyder Act, Nov. 2, 1921; P. L. 67-85; 42 Stat. 208; 25 U.S.C. 13; 25 CFR 20.
- Social Security Act, Title I, P. L. 87-543; 42 U.S.C. 301-306; Title IV, P. L. 90-248; 42 U.S.C. 602-3; Title XVI, P. L. 87-543; 42 U.S.C. 1361-71; Title X, P. L. 89-97; 42 U.S.C. 301-306 and 1361-71; P. L. 92-512; Title XI; Title XI; Title XVI; P. L. 92-603; 42 U.S.C. 801-5 and 301; P. L. 93-647, Title XX, 42 U.S.C.; P. L. 95-171.

LIBRARIES:

provides library services and special instructional equipment including talking books and books in Braille.

Legislation:

- Library Services and Construction Act, P. L. 84-597 as amended.
- Title IV of the Elementary and Secondary Education Act of 1965; P. L. 89-10 as amended by Section 401 of Public Law 93-380; 20 U.S.C. 1801 et. seq.
- Act to Provide Books for the Adult Blind, as amended; 2 U.S.C. 135, a, a-1, b.

MATERNAL AND CHILD CARE:

See Education, Family Planning, Health, and Early Periodic Screening, Diagnosis and Testing.

MEDICAID:

See Health.

MEDICARE:

See Health.

MENTAL HEALTH/MENTAL ILLNESS:

funds for children's and clinical services, mental health centers, research, and for the improvement of State mental hospitals.

Legislation:

- Community Mental Health Centers Amendments of 1975; Part A, Section 203 (e).
- Public Health Service Act, Section 303; P. L. 78-410 as amended; 42 U.S.C. 242 a.
- Community Mental Health Centers Amendments of 1975; Title III, P. L. 94-63; 42 U.S C. 2681-2696.

- Public Health Service Act, Title IV, Section 472 P. L. 93-348 as amended; (42 U.S.C. 289-1).
- Health Systems Act of 1980

MENTAL RETARDATION:

funds for comprehensive services for the developmentally disabled including the protection of rights, public awareness efforts, technical assistance, and research on the health problems of the developmentally disabled (maternal/child health). Funds are available for family planning and vocational rehabilitation.

Legislation:

- Mental retardation Facilities and Community Mental Health Centers Construction Act of 1963, P. L. 88-164; as amended by P. L. 91-517, the Developmental Disabilities Services and Facilities Construction Act of 1970; as amended by P. L. 94-103, 95-602, Rehabilitation Comprehensive Service, and Developmental Disabilities Amendments of 1978.
- Public Health Services Act, Section 301 (c) and Section444; P. L. 78-410, as amended; 42 U.S.C. 241; 42 U.S.C. 289g, Public Health Service Act, Section 472; 42 U.S.C. 2891-1.
- Public Health Services Act as amended, P. L. 95-83, Title X, Section 1001, 42 U.S.C. 300.
- Social Security Act, P. L. 74-271, Title V, Section 503, 42 U.S.C. 703.
- Social Security Act as amended; P. L. 86-778, Section 512; 42 U.S.C. 712.
- Title V, Section 511, Social Security Act, P. L. 89-97 as amended; 42 U.S.C. 711.
- Rehabilitation Act of 1973, P. L. 93-112, Sections 112, 120, 301 (b) (c), 302 (b) (c), 304 (b) (2), 304 (b) (3), 304 (c) (d), 304 (e), 305, P. L. 94-230 (1976); 29 U.S.C. 701.
- Maternal and Child Health Act P. L. 95-83

NURSING HOMES:

funds for nursing home services and hospital insurance for nursing home facilities

Legislation:

- Title XIX, Social Security Act as amended, P. L. 89-97, 91-56; 42 U.S.C. 1396, et. seq.; P. L. 92-223; 92-603; 93-66; 93-233.
- Social Security Amendments of 1965, Title XVIII, Part A; P. L. 89-97, as amended by P. L. 9-248, 92-603, 93-233, 94-182, and 94-437; 42 U.S.C. 1395 et. seq.

NUTRITIONAL PROGRAMS:

to provide educational programs, research for mother/child health and various food programs (stamps, food distribution, supplemental food, child care food).

Legislation:

- Smith-Level Act as amended, 7 U.S.C. 341-349; District of Columbia Public Postsecondary Education Reorganization Act, D.C. Code 31-1718; Rural Development Act of 1972, 7 U.S.C. 2661-2668, Farmer-to-Consumer Direct Marketing Act of 1976, 7 U.S.C. 3004, Food and Agriculture Act of 1977, P. L. 95-113.
- Elementary and Secondary Education Act, Title IV, Part C, as amended by P. L. 95-561; 20 U.S.C. 1831.
- Public Health Service Act, Section 301 (c) and Section 444; P. L. 78-410, as amended; 42 U.S.C. 241; 42 U.S.C. 289 g. Public Health Service Act, Section 472; 42 U.S.C. 2891-1.

PARENT INVOLVEMENT:

provides for training in the use of audiovisual equipment and consultative services for parents of deaf/blind children as well as projects for early childhood education and dissemination of information. See section on Education (family planning).

Legislation:

- Education of the Handicapped Act, Title VI, Part C (Section 622), D, and F; P. L. 91-230, 20 U.S.C. 1422, 1423, 1433, 1451, 1452, 1453; P. L. 94-142 as amended.

PHYSICAL EDUCATION:

funds to extend and improve comprehensive educational programs for the handicapped; to support research for such improvement.

Legislation:

- Elementary and Secondary Education Act of 1965, Title I; P. L. 89-10, as amended by P. L. 89-313; 93-380, and 94-142; 20 U.S.C. 241 c (a) (5).
- Education of the Handicapped Act, Title VI, Part E; P. L. 91-230 as amended by P. L. 95-49; 20 U.S.C. 1441.

PRESCHOOL PROGRAMS:

See Education (Early Childhood), Health, and Early Periodic Screening, Diagnosis and Testing.

PREVENTION:

See Early Periodic Screening, Diagnosis and Testing, Education (family planning), Health and Mental Illness.

PROSTHETIC DEVICES:

provides for medical and related services, rehabilitation services and for the development of new and improved prosthetic devices.

Legislation:

- Social Security Act, P. L. 74-271, Title V, Section 504, 42 U.S.C. 704.
- Rehabilitation Act of 1973; P. L. 93-112 as amended by P. L. 93-516 and 94-230; 29 U.S.C. 701.
- 38 U.S.C. 4101.

RECREATIONAL SERVICES:

for leadership development (camping, achievement programs), research, media materials and equipment, innovative approaches to education, employment in community service activities, and volunteer service opportunities.

Legislation:

- Smith-Level Act as amended, 7 U.S.C. 341-349; District of Columbia Public Postsecondary Education Reorganization Act, D. C. Code 3-1718; Rural Development Act of 1972, 7 U.S.C. 2661-2668, Farmer-to-Consumer Direct Marketing Act of 1976, 7 U.S.C. 3004, Food and Agriculture Act of 1977, P. L. 95-113.
- Social Security Act, Title I, P. L. 87-543; 42 U.S.C. 301-386; Title IV, P. L. 90-248; 42 U.S.C. 602-3; Title XVI; P. L. 87-543; 42 U.S.C. 1201-1206; Title XIV, P. L. 89-97; 42 U.S.C. 301-306 and 1361-71; 801-5 and 301; P. L. 93-647, Title XX, 42 U.S.C.; P. L. 95-171.
- Titles I, II, IV, VI, and VII of the Comprehensive Employment and Training Act of 1973, as amended, P. L. 95-524, 92 Stat. 1909, 29 U.S.C. 801 note.

- Education of the Handicapped Act, Title VI, Part C, E, and F, Section 624; P. L. 91-230 as amended by P. L. 95-49; 20 U.S.C. 1441, 1423, 1451, 1452, 1453; P. L. 94-142 as amended.
- Title V of Older Americans Act, P. L. 94-135, 89 Stat. 720, 42 U.S.C. 3056a.
- Domestic Volunteer Service Act of 1973, P. L. 93-113, Title II, Part B, Section 211 (a) (b), as amended.

RESEARCH:

in areas of child and family development, education, employment and training, health, housing, maternal and child health, mental health (see section on mental health), prosthetics, social security services, and vocational rehabilitation.

Legislation:

- Social Security Act, as amended, Title IV, Part B, Section 426 and 512; P. L. 86-778; P. L. 96-248; 42 U.S.C. 626, 712.
- Education of the Handicapped Act, Title VI, Part E; P. L. 91-230 as amended by P. L. 95-49; 20 U.S.C. 1441.
- Title III of the Comprehensive Employment and Training Act of 1973 as amended by P. L. 95-524, 92 Stat. 1909, 29 U.S.C. 801 notes, Part C, Title IV of the Social Security Act, as amended.
- National Institute of Health programs.
- National Housing Act, Sections 501 and 502.
- Public Health Service Act, Section 301 (c) and Section 444; P. L. 78-410, as amended; 42 U.S.C. 241; 42 U.S.C. 289 g. Public Health Service Act, Section 472; 42 U.S.C. 2891-1.
- 38 U.S.C. 4101.

- Social Security Act, as amended: Title IV, Part A, and Title XI, Sections 1110 and 1115; P. L. 90-248; 88-452; 42 U.S.C. 1310 and 1315.

- Rehabilitation Act of 1973, Section 202 q P. L. 93-112; P. L. 94-230 (1976); 29 U.S.C. 701.

SEVERELY HANDICAPPED:

funds for the expansion of vocational rehabilitation services, innovative educational services, the promotion of public acceptance, loans for sheltered workshops and businesses owned by the handicapped, and the procurement of commodities for workshops.

Legislation:

- Rehabilitation Act of 1973, P. L. 93-112 as amended by P. L. 93-516, 94-230, and 95-602; 29 U.S.C. 701.

- Education of the Handicapped Act, Title VI, Part C, Section 624; P. L. 91-230; 20 U.S.C. 1424.

- Small Business Act, as amended, Section 7 (h); P. L. 93-595, Section 386 Stat. 1314; 15 U.S.C. 686 (g).

- Wagner–O'Day Act of 1938, P. L. 75-739, as amended by P. L. 92-28, P. L. 93-76, and 93-358.

SOCIAL SERVICES:

provides for community mental health services, regional centers for deaf-blind children, early periodic screening, diagnosis and treatment, family planning, maternal health care, educational projects for the handicapped, and headstart.

Legislation:

- Community Mental Health Center Amendments of 1975, Title III, P. L. 94-63; 42 U.S.C. 2681-2696.
- Education of the Handicapped Act, Title VI, Part C, Section 622; P. L. 91-230; 20 U.S.C. 1422.
- Social Security Act, Title XIX, Section 1905 (a) (4) (B).
- Social Security Act, P. L. 74-271, Title V, Section 503, 42 U.S.C. 703.
- Elementary and Secondary Education Act of 1965, Title I; P. L. 89-10, as amended by P. L. 89-313; 93-380, and 94-142; 20 U.S.C. 241 c (a) (5).
- Head Start Economic Opportunity and Community Partnership Act of 1974; P. L. 93-644, Title V, Parts A-C; 42 U.S.C. 2921 et. seq. as amended.

SPEECH CORRECTION/AUDIOLOGY:

(involves personnel training)

SUPPLEMENTAL SECURITY INCOME:

funds to persons aged 65 or over and to blind or disabled persons in need of such funds.

Legislation:

- Social Security Amendments of 1972, Title XVI Parts A and B, P. L. 92-603, 93-66, 93-233, 93-368. 94-202, 94-331, 94-455, 94-455, 94-566, 94-569, 94-585, 95-171, and 95-216 (The Social Security Amendments of 1977).

TRANSPORTATION:

See Architectural Barriers/Housing

VOCATIONAL REHABILITATION:

funds for vocational programs, development of specially designed programs for the handicapped, audiovisual equipment, reading facilities program, research in the area of rehabilitation, services for supplemental security income beneficiaries and social security disability beneficiaries.

Legislation:

- Vocational Education Act of 1963, as amended by Title II of the Education Amendments of 1976, P. L. 94-482; 20 U.S.C. 2301 to 2461; 90 Stat. 2168-2213.
- Education Amendments of 1974, Title VI, Part B—Education of the Handicapped, Section 625, as amended by P. L. 95-49; P. L. 93-380.
- Education of the Handicapped Act, Title VI, Part C, P. L. 91-230; 20 U.S.C. 1421.
- Randolph-Sheppard Act, P. L. 74-732, as amended by P. L. 83-565 and P. L. 93-516.
- Rehabilitation Act of 1973, Sections 112, 202, 301 (b) (c), 302 (b) (c), 304 (b) (2), 304 (b) (3), 304 (c) (d), 304 (e), 305, of P. L 93-112; P. L. 94-230 (1976); 29 U.S.C. 701.
- Social Security Amendments of 1972, Title XVI, Parts A and B, P. L. 92-603, 93-66, 93-233, 93-368, 94-566, 94-569 and 94-585.
- Social Security Act as amended in 1965, Section 222 (d) as added by Section 336 of P. L. 89-97 (79 Stat. 408-409), 42 U.S.C. 422 (D).
- Social Security Act of 1935, as amended; P. L. 74-271, 92-603, 93-66 and 93-233, and 95-216; 42 U.S.C. 420-425.
- P. L. 96-944

funds to provide services to exceptional children (e.g., foster grandparent program) and to adults over the age of 60 (e.g., senior companion program).

Legislation:

- Domestic Volunteer Service Act of 1973, P. L. 93-113, Title II, Part B, Section 211 (a) (b), as amended.

ASSESSMENT OF NEEDS OF DEAF/BLIND KANSANS AND SURVEY OF CURRENT SERVICE PROVIDERS

DOCUMENT THREE

FINAL

Central Research Corporation
900 First National Bank Tower
Topeka, KS 66603

DOCUMENT THREE

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INTRODUCTION

ASSESSMENT OF NEEDS OF DEAF/BLIND KANSANS AND SURVEY OF CURRENT SERVICE PROVIDERS

A determination of what deaf/blind individuals and their families in Kansas need in the way of supportive services, identification and assessment of disabilities, treatment, education, family support, living arrangements, vocational services, recreational services, indirect services and research was launched by the Kansas State Department of Education.

Data were collected through survey forms which were distributed to the known population (82) of deaf/blind persons in the state. (It should be noted that deaf/blind individuals may reside in Kansas without the knowledge of the State Department but that the deaf/blind population was necessarily defined as those of whom the State has knowledge) Survey forms were returned by a portion (32) of the population and responses were tabulated.

In order for the defined set of services to be matched with the corresponding agencies which provide and fund them, a survey form was designed and distributed to the known service providers in Kansas. The responses from the 28 agency representatives who returned the forms were tabulated.

The information which was obtained from both the deaf/blind and the service provider's responses spoke to the goals of the effort. Such data is valuable in helping to adjust service programs to the present needs of deaf/blind Kansas as well as to the projected needs of this group. For the deaf/blind individuals, the information obtained from the service providers can be used to facilitate identification and location of services.

THE POPULATION

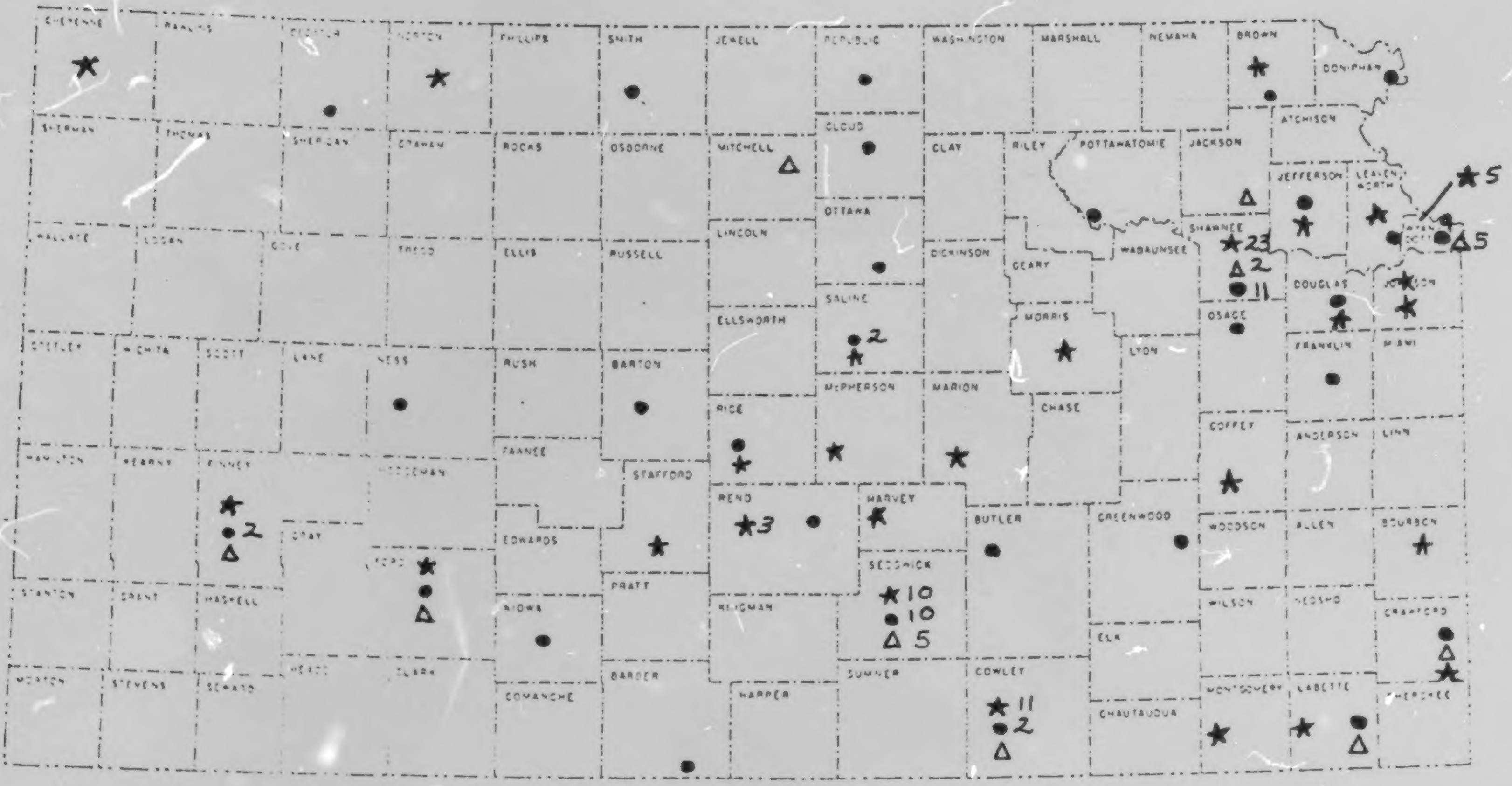
While not violating the confidentiality of personal data on the known deaf/blind individuals in Kansas, several brief analyses were performed.

AREAS OF THE STATE. The locations of known deaf/blind individuals in Kansas are plotted on the map of Kansas on the next page. The bulk of the population is located in the three major urban areas of Kansas . . . Wichita, Topeka, and Kansas City . . . and also in Winfield, Kansas . . . where a major State institution is located. There are, however, deaf/blind children, adults, and families of deaf/blind individuals scattered throughout the State . . .

INSTITUTIONALIZATION. Approximately 76% of the total deaf/blind population are institutionalized. Approximately 95% of the Kansas deaf/blind children in Kansas are institutionalized but only 23% of the known deaf/blind adults are institutionalized.

AGE. Approximately 70% of the known deaf/blind individuals in Kansas are under 20 years of age while 30% are adults. The largest number of deaf/blind adults are in the 21-30 age group.

LOCATION OF DEAF-BLIND INDIVIDUALS AND THEIR FAMILIES


CHEYENNE
RAWLINS
DECATUR
NORTON
PHILLIPS
SMITH
JEWELL
REPUBLIC
WASHINGTON
MARSHALL
NEMAHA
BROWN
DONIPHAN
SHERMAN
THOMAS
SHERIDAN
GRAHAM
ROOKS
OSBORNE
MITCHELL
CLOUD
CLAY
RILEY
POTTAWATOMIE
JACKSON
ATCHISON
JEFFERSON
LEAVENWORTH
WALLACE
LOGAN
GOVE
TREGO
ELLIS
RUSSELL
LINCOLN
OTTAWA
DICKINSON
GEARY
WABAUNSEE
SHAWNEE
WYANDOTTE
GREELEY
WICHITA
SCOTT
LANE
NESS
RUSH
BARTON
ELLSWORTH
SALINE
MORRIS
LYON
OSAGE
DOUGLAS
JOHNSON
FRANKLIN
MIAMI
HAMILTON
KEARNY
FINNEY
HODGEMAN
PAWNEE
STAFFORD
RICE
McPHERSON
MARION
CHASE
COFFEY
ANDERSON
LINN
GRAY
FORD
EDWARDS
RENO
HARVEY
BUTLER
GREENWOOD
WOODSON
ALLEN
BOURBON
STANTON
GRANT
HASKELL
KIOWA
PRATT
KINGMAN
SEDGWICK
ELK
WILSON
NEOSHO
CRAWFORD
MORTON
STEVENS
SEWARD
MEADE
CLARK
COMANCHE
BARBER
HARPER
SUMNER
COWLEY
CHAUTAUQUA
MONTGOMERY
LABETTE
CHEROKEE
★5
△5
★23
△2
●11
●2
●2
★3
★10
●10
△5
★11
●2

★ Children

△ Adults

● Families

INSTITUTIONALIZATION

Approximately three-fourths (76%) of the entire population of 82 known deaf/blind individuals in Kansas are institutionalized or maintain residence in a structured setting where shelter and care may be obtained. Most of the institutionalized group (57 out of 62) are less than 20 years of age.

Twenty-four percent of the deaf/blind population remain non-institutionalized. Of these 20 individuals, 17 are over 20 years old.

The majority of deaf/blind children in Kansas (95%) are presently institutionalized while most of deaf/blind adults (77%) are non-institutionalized. Of the combined group of 82, a full 76% (62) take advantage of institutional care.

NUMERATIVE DISTRIBUTION OF KNOWN DEAF/BLIND INDIVIDUALS IN KANSAS BY AGE

										Total	
	0-5	6-10	11-15	16-20	21-30	31-40	41-50	51-65	65/over	No.	%
Males	1	5	8	10	7	1	1	1	4	38	46%
Females	6	11	7	9	7	0	2	1	1	44	54%
Total	7 (9%)	16 (20%)	15 (18%)	19 (23%)	14 (17%)	1 (1%)	3 (4%)	2 (2%)	5 (6%)	82	100%
	Children				Adults						
	57 (70%)				25 (30%)						

AGE

Eighty-two deaf/blind individuals are known to reside in the State of Kansas, 44 of which are female and 38 male. Eighty-seven percent of the population are 30 years of age or younger.

Most (70%) of the deaf/blind population is composed of children and adolescents between the ages of 0 and 20. The distribution of males and females in this group roughly reflects that of the population: males, 46%; females, 54%. Of these sixty youngsters, over half (34) are eleven years or older and will gain young adult status within the next ten years.

Deaf/blind individuals over the age of twenty comprise 30% of the population. The largest part (14) of this adult group is aged 21 to 30 years while 11 individuals are 31 years of age or more.

The age distribution is clearly weighted toward the younger side, specifically those aged 20 or less. The number of deaf/blind persons begins to taper off toward ages 31 to 40 and maintains a consistently low level throughout middle age. As age increases past 40 years, the numbers of deaf/blind people slightly increase. With time, the distribution of persons by age can be expected to shift towards the older and as the children reach maturity and the young adults become middle-aged. Services that are now used by adults will likely be more in demand in the next few years.

OCCUPATIONS OF DEAF/BLIND ADULTS

Of the 11 deaf/blind adults who are known to be employed, all are engaged in jobs requiring task-oriented skills. The various occupations include: machinist, assembly-worker and upholstery worker. Four are employed by private industries, 6 by associations or foundations and one is self-employed.

FAMILIES OF DEAF/BLIND INDIVIDUALS

It is known that thirty families of deaf/blind individuals in Kansas reside in the state.

ASSESSMENT OF NEEDS FOR DEAF/BLIND SERVICES

RESPONDENTS

A total of 32 completed assessments were returned from the population of 82 deaf/blind individuals who are known to reside in the state of Kansas. Most of the people who completed the needs assessment for deaf/blind services were parents of the deaf/blind individuals. The 32 completed assessments were for clients ranging in age from 2 to 75 years and averaging 18 years of age.

In order to take a closer look at the service needs of these individuals, the total group was divided into three categories: preschool (0-4 years), scho[illegible]ge (5-18 years), and adult (19 years and over). The largest category was that of school age individuals (18) with 10 assessments completed for adults and only 4 for preschool age individuals.

CLARIFICATION OF TERMS USED IN NEEDS ASSESSMENT AND SERVICE PROVIDERS SURVEY FORM

1.0 GENERAL SUPPORTIVE SERVICES

These services provide the client and his family with support and assistance in finding and securing the services that they need throughout their lives.

1.1 Case finding:

(1) Identification: Systematically identifying persons in need of services

(2) Alerting persons and their families to the availability of services

(3) Assistance in entering the service delivery system

1.2 Information and Referral: The development and use of a system which can supply information about, and referral to, appropriate community resources.

1.3 Coordination of Services:

(1) Procuring direct services

(2) Coordinating the services of different agencies

(3) Monitoring the progress of the client

1.4 Follow Along: Regular communication on a life-long basis with clients and their families to assure that changes in service needs are recognized and met.

1.5 Protective Services: Guidance to safeguard the legal rights of the developmentally disabled by assuring that they receive appropriate services and by preventing their abuse.

1.6 Citizen Advocacy: A competent citizen to assist and befriend a developmentally disabled person in coping with his problems; providing help and affection in a one-to-one relationship.

1.7 Guardianship Services:

(1) The determination of whether or not a developmentally disabled individual requires personal or property guardianship

(2) Assistance in the procurement of guardianship when appropriate

1.8 Transportation: Program which enables developmentally disabled people to travel around the communities in which they:

(1) Travel to general destinations for everyday needs (shopping, doctor/dental appointments . . .)

(2) Travel to work

(3) Travel to school

2.0 IDENTIFICATION AND ASSESSMENT

Services aimed at identifying people from the general population who might be deaf/blind, following through with assessment, procedures and developing recommendations for specific services that are needed.

2.1 Screening: Testing individuals to identify problems or potential difficulties

2.2 Diagnosis: Comprehensive testing to identify specific areas of delay and/or deviance and to specify causes where possible

2.3 Evaluation: Systematic appraisal by a multi-disciplinary team for the . . .

(1) Determination of the extent to which the deaf/blindness limits or can be expected to limit an individual's activities

(2) Determination of how and to what extent the disabling conditions may be remediated or minimized

(3) Determination of the nature and scope of services to be provided

(4) Selection of service objectives

(5) Development of an individualized action plan for intervention

3.0 TREATMENT

These services involve primarily mental and physical health needs. Whenever possible, these services are provided by generic agencies and professionals who serve the entire population, relying on special services for deaf/blind people only as a last resort.

3.1 Medical Services: The service of diagnosing, treating, curing and preventing disease, relieving pain, and improving and preserving health.

3.2 Prosthetic Services:

(1) Prescribing

(2) Periodic checking

(3) Maintenance of prosthetic equipment (hearing aids, eyeglasses, braces, etc.)

3.3 Dental Services: Preventive and restorative treatment for the teeth.

3.4 Speech Therapy: Services which deal with improving communication (speech, signing, communication bonds, language usage)

3.5 Physical Therapy: Therapeutic use of physical agents other than drugs (i.e., physical, chemical, and other properties of heat, light, water electricity, massage, exercise and radiation) to maintain or increase efficiency of neuromuscular—musculo, skeletal, cardiovascular, and respiratory systems.

3.6 Occupational Therapy: Therapeutic use of activities such as self-help skills, arts and crafts, and perceptual motor activities to encourage clients to become motivated toward achieving their own normalization.

3.7 Psychotherapy: Intensive psychological or behavioral therapy aimed at alleviating severe emotional and/or behavioral disorders.

3.8 General Counseling: Regularly scheduled intervention, the primary focus of which, is upon solving interpersonal problems such as disability, acceptance, overanxiety, overprotection and the ability to cope with daily demands which result from the client's disability.

4.0 EDUCATIONAL SERVICES

These services refer to programs that are designed to enhance growth and development in the areas of motor, self-help, communication, social, academic, prevocational, vocational, and independent living skills.

4.1 Preschool Services: Programs for children age 0 to 6 years offering structured training in communication, motor, self-help and social skills.

1) Facility-based
2) Home-based

4.2 Educational Services for the Mildly Handicapped: Programs which emphasize academic, social and communicative skills at the primary and intermediate levels; prevocational, vocational, and independent living skills at the secondary level.

4.3 Educational Services for the Moderately, Severely and Profoundly Handicapped:

Programs which emphasize motor communication, self-help, social and appropriate academic skills at the primary and intermediate levels; pre-vocational, vocational and independent living skills at the secondary level.

4.4 Adult Basic Education: Educational opportunities in any of the following areas for adults who did not achieve their maximum level of competency while eligible for public school: communication, social, academic, prevocational, vocational, and independent living skills.

4.5 Special School Services: Services which are provided in conjunction with other educational programs that respond to the specific needs related to physically handicapping conditions of individuals who are blind, deaf, epileptic, and/or non-ambulatory.

(1) materials and books

(2) readers

(3) interpreters

(4) brailling services

(5) adaptive educational devices/aids

5.0 FAMILY SUPPORT SERVICES

These services help families cope effectively with the presence of a developmentally disabled person in their home. The primary objective of all the family support services is to prevent institutionalization of the developmentally disabled person.

5.1 Family Training: Training for family members which provides knowledge and skills needed to assist the impaired person by augmenting the services provided outside the home with a program of activities inside the home.

5.2 Family Planning: Counseling services related to all aspects of pregnancy and child rearing, including knowledge of contraception and careful consideration of whether or not to parent children.

5.3 Genetic Counseling: Information and advice concerning the biological probabilities of giving birth to a developmentally disabled child.

5.4 Crisis Intervention: Counseling services which are available on an emergency basis, immediately responsive to family needs at a time of extreme stress.

5.5 Sitter Services: Services provided for the care of an individual away from his home or in the home involving temporary separation from his family for short specified periods of time on a regular or intermittent basis for the purpose of relieving the family of his care.

5.6 Respite Care: Services provided for short-term residential care involving temporary separation of an individual from his family for specified periods of time on a regular or intermittent basis.

5.7 Homemaking: (1) Chore and/or personal care services which must be provided to a developmentally disabled individual or his family to enable him to remain in his own home. These services may include, but are not necessarily limited to, housecleaning, laundry, meal planning and preparation, feeding, bathing, shaving, dressing, etc.

(2) Services include training.

5.8 Home Delivery of Meals

6.0 LIVING ARRANGEMENTS

These services provide a wide range of living arrangements for developmentally disabled persons.

6.1 Board and Room Living: A living situation for those individuals who can maintain or remain in an essentially unsupervised living situation.

6.2 Group Home Care: A closely supervised living situation. Training is provided in the following areas: self-help skills, independent living skills, social behaviors, communication, education, vocational training and adjustment, recreation, and community orientation.

6.3 Foster Care: A family home which is willing to accept persons needing supervision within the context of a program of supporting services.

6.4 Sheltered Care: A facility which provides residential care on a long-term basis for highly dependent persons without severe medical problems. The program of services should include stimulation of abilities and comprehensive recreational activities.

6.5 Nursing Home Care: A facility which is intended for the residential care, treatment and training of dependent persons. The facility is geared to serving the needs of persons with severe physical handicaps or medical problems on a relatively long-term basis.

6.6 Institutional Care: A self-contained facility, usually large in size, which provides residential care, medical treatment, and training for deaf/blind people.

6.7 Modified Living Environments:

1) Construction or renovation
2) modification of existing environments to accommodate the handicapping condition.

7.0 VOCATIONAL SERVICES

These services assist a developmentally disabled person in finding employment or other meaningful adult occupation.

7.1 Vocational Evaluation: An appraisal of individual's employability for appropriate occupational placement or for devising an individualized program of training.

7.2 Vocational Training: An individualized program designed to increase a person's employability. The program may include

(1) prevocational skills training

(2) occupational skills training

(3) work adjustment training.

7.3 Placement Counseling: Services which assist an individual in finding employment that is consistent with his capabilities and interests.

7.4 Sheltered Employment: A structured program of activities involving: (1) short-term employment designed to affect placement in the competitive labor market, or (2) extended, long-term employment in a protective environment.

7.5 Activity Center Program: An organized program which provides a dignified and meaningful work, social, and recreational activities on a daily basis for adults who are not yet ready to engage in competitive or sheltered employment.

7.6 Other Vocational Services: Employers who will employ deaf/blind persons on an individual or collective basis who require a minimum of supervision.

8.0 RECREATIONAL SERVICES

These services refer both to the therapeutic use of recreation and to the use of recreation for filling leisure time.

8.1 Therapeutic Recreation: Purposeful intervention through recreational activities to modify, improve, or reinforce specific physical, emotional or social behaviors.

8.2 Leisure Time Recreation: The provision of a variety of ongoing programs and activities.

(1) to permit individualized selection

(2) programs may include the teaching of skills related to the recreational activity selected.

8.3 Library Services: The provision of current reading materials in a mode useable by the deaf/blind, i.e. brailling, tapes, readers.

9.0 INDIRECT SERVICES

These services refer to activities and interventions undertaken on behalf of handicapped people but not directly with handicapped people for the purpose of solving their specific problems.

9.1 Public Education: Dissemination of information to the general public, including educators, legislators, employers, physicians, service agencies and parents, concerning needs and rights of the deaf/blind population.

9.2 Primary Prevention: The elimination or reduction of those factors in life which frequently result in a higher incidence of deaf/blindness.

9.3 Systems Advocacy: Systems advocacy can be conceived as a social movement aimed at preventing problems and rendering the service delivery system accountable and responsive to its clients.

9.4 Manpower Development: An integrated program of

(1) recruitment,

(2) preservice training, and

(3) inservice training aimed at assuring the availability of an adequate present and future supply of qualified personnel to provide services to deaf/blind people.

9.5 Planning Coordination: Planning bodies (agencies, citizens' groups and individuals) working together toward the good of deaf/blind citizens.

9.6 Data Management: The systematic collection, integration, and dissemination of information about the quantity, quality, and effectiveness of services for deaf/blind people in order to enhance the procedures of planning, implementing, and evaluating the impact of these services.

9.7 Funding:

1) Identification of local funds specifically designated to research, programs, services for the deaf/blind population.

2) Identification of state funds specifically designated to research, programs, services for the deaf/blind population.

3) Identification of federal funds specifically designated to research, programs, services for the deaf/blind population.

9.8 Basic Research: Research related to the disability of deaf/blindness.

SUMMARY OF NEEDS ASSESSMENT

The needs that are most frequently pointed out by those deaf/blind individuals and their parents or guardians who responded were:

1. The perceived need for in-service training for those who provide service to deaf/blind individuals of all ages (38%). It appears here that even those who work with the handicapped, deaf or blind are viewed as not adequately trained for dealing effectively with the needs of the deaf and blind.
2. The perceived need for planning and coordination in providing services needed by deaf/blind individuals of all ages (40%).
3. Leisure time recreation of the sort that individuals could select from (34%). This applied mostly to adults.
4. The teaching of leisure time recreation skills to the deaf/blind (31%). This applied mostly to adults.

Other needs which show up in a larger number of instances include:

1. Follow-along (30%). (mostly adults)
2. Citizen advocacy (29%). (mostly adults)
3. Non-work, non-school transportation (26%). (mostly adults)

4. Guardianship services (23%). (mostly adults)
5. Psychotherapy (23%)
6. General counseling (23%)
7. Family training (28%). (mostly adults)
8. Crisis intervention (23%)
9. Sitter services (24%)
10. Group home care (26%). (mostly adults)
11. Data management (28%)

Overall, it seems apparent that there is a greater need for services for those adults who are deaf/blind. The most frequent need was for something to do (labelled recreation). Indications were clear that many respondents did not see meaningful employment as a feasible alternative for the time of adult deaf/blind individuals and instead focused on recreation as a feasible activity.

Although the bulk of respondents were in fact able to receive some degree of the needed services in a number of areas, a noticeable proportion indicated they were unsatisfactory (for one reason or another). Among these services were:

1. Coordination of services
2. Protective services
3. Screening
4. Diagnosis
5. Prosthetic services

6. Dental services

7. Speech therapy

8. Physical therapy

9. Occupational therapy

10. Educational services (all levels of functioning)

11. Nursing home care

As well, a relatively high proportion of respondents indicated that efforts to educate the public regarding the deaf/blind were unsatisfactory. Also, the providing of information about availability of possible state and federal funding programs was unsatisfactory

Although the number of those responding to the question of the needs of the very young (up to 4 years of age) was extremely small, the results suggest that pre-school (institutional and family based) services may be needed, that psychotherapy may be a real need (parents), and that planning and coordination services are needed for this age group.

The relative number of expressed needs for adult deaf/blind individuals was proportionally higher than the number for younger deaf/blind individuals (preschool and school age).

One category that is interesting is the one entitled "never asked." Below are some indications of when this category was frequently used (excluding indirect services) and where age is not particularly a primary consideration. Many have to do with "support" and family oriented service.

1. Citizen advocacy (35%)

2. Guardianship services (50%)

3. General counseling (45%)

4. Adult basic education (67%)

5. Special education services of all types (28% to 38%)

6. Family planning (48%)

7. Genetic counseling (62%)

8. Crisis intervention (52%)

9. Sitter services (41%)

10. Respite care (46%)

11. Homemaking services (74%)

12. Homemaking training (45%)

13. Home delivery of meals (62%)

14. All the various types of living arrangements

    Board and room (65%)

    Group home (42%)

    Foster care (67%)

    Sheltered living (45%)

    Nursing home (38%)

    Institutional care (43%)

15. Building or modifying living arrangements (53%) (50%)

16. All forms of vocational services (from 33% to 53%)

17. Therapeutic recreation (44%)

18. Library services (33%)

Also relevant here is the observation that only 32 of the 82 (39%) identified deaf/blind individuals in Kansas responded to the survey. As well, there were a few who indicated they were getting along fine and simply wanted to be left alone.

Finally, it needs to be pointed out that the most frequent response was that the various services (all types) were generally being provided and satisfactorily so. Assurances that all needed services are being provided will necessarily require a case-by-case handling (with particular attention to the adult population).

THE NEEDED SERVICES

NEEDED—6 or more indications (≃15% and greater)
SERVICES

1. Coordination of Services Among Agencies (6) . . . all ages
2. Follow-along (9) . . . mostly adults (5)
3. Citizen Advocacy (9) . . . mostly adults (7)
4. Guardianship Services (7) . . . mostly adults (6)
5. Non-work, non-school Type Transportation (8) . . . mostly adults (5)
6. Psychotherapy (7) . . . all ages
7. General Counseling (7) . . . all ages
8. Facility-based Preschool Services (6)
9. Family Training (8) . . . mostly adult (5)
10. Crisis Intervention (7) . . . all ages
11. Sitter Services (7) . . . all ages
12. Respite Care (6) . . . all ages
13. Group Home Care (8) . . . mostly adult (6)
14. Sheltered Care (6) . . . mostly adult (5)
15. Vocational Activity Center Program (6) . . . school age (3) and adult (3)
16. Other Vocational Services (7) . . . school age (3) and adults (4)
17. Therapeutic Recreation (6) . . . mostly adult (5)
18. Leisure Time Recreation (individualized selection) (11) . . . mostly adult (7)
19. Leisure Time Recreation (teaching recreational skills) (10) mostly adult (6)
20. Public Education (6) . . . all ages
21. System Advocacy (6) . . . school age (3) and adult (3)

UNSATISFACTORY—6 or more indications (≃ 15% and greater)

SERVICES

1. Coordination of Services: Procurement of Services (6) . . . mostly school age (4)
2. Coordination Among Agencies (7) . . . all ages
3. Coordination of Services: Monitoring Client's Progress (7) . . . all ages
4. Protective Services (6) . . . mostly school age (4)
5. Screening (6) . . . all ages
6. Dental Services (6) . . . all ages
7. Speech Therapy (8) . . . all ages
8. Public Education (9) . . . mostly school age (6)
9. Identification of Local Funds (6) . . . mostly school age (4)
10. Identification of State Funds (8) . . . mostly school age (5)
11. Identification of Federal Funds (8) . . . all ages

THE SERVICES AND FUNDING CURRENTLY PROVIDED

SERVICE PROVIDERS SURVEY

A total of 28 agencies (see Service Providers list) responded to the Service Providers Survey which was designed to target the services which are offered and funded, services which would be appropriate for the agency to provide and estimates of the numbers of people served.

The following results include the most pertinent data relevant to this analysis: which services are provided by the various agencies and what services are funded.

SUMMARY OF SERVICE PROVIDERS SURVEY

Except for the home delivery of meals, which is not noted as a real need, all services listed on the form were presently being provided by at least one agency and in all those cases except one (activity center program) ... at least one agency providing service functions statewide. No one indicated funding (as opposed to providing) sheltered care or data management.

The more frequent and outstanding observation is that there is an abundance of service providers and service funders for the needs of Kansas deaf/blind individuals.

Some interesting results include (examples only . . . not exhaustive) . . . :

1. 10 agencies indicate they provide casefinding/identification
2. 13 agencies indicate they provide services related to individuals to the availability of services
3. 13 agencies indicate they provide assistance in entering the system
4. 15 agencies indicate they provide information and referral
5. 14 agencies indicate they coordinate and procure services for deaf/blind individuals
6. 15 agencies indicate they provide services related to coordinating agencies.

It should also be pointed out, however, that there are several types of services provided by only one or two agencies.

SERVICE PROVIDERS

CKC	Central Kansas Cooperative
DA	Department on Aging
DO	Department of Opthamology/KU Medical Center
DRP	Division of Rehabilitative Programs
HK	Helen Keller National Center
HR	Human Resources: Employment of the Handicapped (Largely referral)
IAPD	Inter. Association of Parents of the Deaf
KAD	Kansas Association of Deaf
KAPS	Kansas Advocacy and Protective Services for the Deaf Blind
KC	Kansas CEC
KCSL	Kansas Children's Service League
KFB	Kansas Foundation for the Blind
KNI	Kansas Neurological Institute
KPADB	Kansas Parents Association of the Deaf Blind
KRO	Kansas Roundtable of Organizations Serving the Hearing Impaired
KSDE	Kansas State Department of Education
KSB (SBVH, SB)	Kansas Services for the Blind/Visually Impaired
KSH	Kansas State University Speech and Hearing Center
KVR	Kansas Vocational Rehabilitation Center
MHI	Ministry to the Hearing Impaired
PHS	Public Health Service
SRS	Social and Rehabilitation Services (Adult Services)
SRSB	Social and Rehabilitation Services for the Blind
TMTA	Topeka Metropolitan Transit Authority
UKMC	University of Kansas Medical Center
USD 259	Unified School District 259
VRB	Vocational Rehabilitation: Services for the Blind
WSH	Winfield State Hospital and TC

SERVICE PROVIDERS

1.0 General Supportive Services	PROVIDES SERVICE	FUNDS SERVICE
1.1 (1) CASEFINDING: Identification	KCSL KSB MHI DRP SRS SRSB USD 259 DO VRB HK	KCSL KSB DA
1.1 (2) CASEFINDING: Alerting to availability of services	KCSL IARD KSB MHI CKC DRP SRS DO USD 259 KSDE VRB HK HR	KCSL KSB MHI USD 259
1.1 (3) CASEFINDING: Assistance in entering service system	KSB KCSL CKC UKMC DRP SRS SRSB USD 259 DO KSDE VRB HK HR	KCSL KSB UDF 259 SRSB KSDE
1.2 INFORMATION AND REFERRAL	KSB KCSL IARD KFB MHI DRP SRS KAPS SRSB DO HK HR DA WSH VRB	KCSL KSB MHI

SERVICE PROVIDERS

1.0 General Supportive Services	PROVIDES SERVICE	FUNDS SERVICE
1.3 (1) COORDINATION OF SERVICES: Procuring services	KSB KCSL CKC UKMC DRP SRS SRSB USD 259 DO DA VRB HK HR WSH	KSB PHS KCSL KSDE HK
1.3 (2) COORDINATION OF SERVICES: Coordinating agencies	KSB KCSL KSB MHI CKC DRP SRS SRSB DO DA KSDE VRB HR HK WSH	PHS KCSL KSB HK
1.3 (3) COORDINATION OF SERVICES: Monitoring client's progress	KSB KCSL KFB CKC UKMC DRP SRS SRSB USD 259 VRB KSDE HK WSH	PHS KCSL KSB HK
1.4 FOLLOW ALONG	MHI KNI KSB SRS HK	MHI KSB
1.5 PROTECTIVE SERVICES	UKMC KNI KCAL KSB KAPS USD 259 HK KSDE HR WSH	KCAL PHS KSB DA
1.6 CITIZEN ADVOCACY	KNI KCSL KSB DA HR	KCSL

SERVICE PROVIDERS

1.0 General Supportive Services	PROVIDES SERVICE	FUNDS SERVICE
1.7 (1) GUARDIANSHIP SERVICES: Determination of personal or property guardianship	KNI KCSL SRS KAPS KSDE	KCSL KSDE
1.7 (2) GUARDIANSHIP SERVICES: Assistance in procurement	KFB KNI KSB SRS	SRS
1.8 (1) TRANSPORTATION: Live (shopping. . .)	CKC TMTA KSB KCSL SRS SRS WSH	KSB KCSL DRP DA VRB
1.8 (2) TRANSPORTATION: To work	USD 259 HR WSH	DRP DA VRB
1.8 (3) TRANSPORTATION: To school	HK WSH	DRP VRB

SERVICE PROVIDERS

2.0 Identification and Assessment	PROVIDES SERVICE	FUNDS SERVICE
2.1 SCREENING	KSH UK CKC DRP SRSB USD 259 KSB KCSL VRB	KSB PHS KCSL DRP SRSB KSDE VRB
2.2 DIAGNOSIS	KSB KCSL KSH VK CKC UKMC DRP USD 259 DO VRB HR	KSB PHS KCSL DRP KSDE VRB

SERVICE PROVIDERS

2.0 Identification and Assessment	PROVIDES SERVICE	FUNDS SERVICE
2.3 (1) EVALUATION: Determination of limitations	KSB KCSL UK CKC UKML DRP USD 259 VRB HK	KSB KCSL DRP KSDE HK
2.3 (2) EVALUATION: Determination of extent disabilities may be remediated	KSB KCSL UK CKC DRP SRSB VRB HK	KSB KCSL DRP SRSB KSDE HK VRB
2.3 (3) EVALUATION: Determination of scope of services	KSB CKC KCSL SRSB DRP UK VRB HK	KSB KCSL DRP SRSB KSDE HK VRB
2.3 (4) EVALUATION: Section of service objectives	KSB KCSL UK CKC DRP SRSB USD 259 VRB HK	KSB KCSL DRP SRSB KSDE HK
2.3 (5) EVALUATION: Individualized intervention plan	KSB KCSL UK CKC UKMC DRP SRSB USD 259 VRB HK	KSB KCSL SRSB KSDE HK

SERVICE PROVIDERS

3.0 Treatment	PROVIDES SERVICE	FUNDS SERVICE
3.1 MEDICAL SERVICES	KSB KCSL KNI UKMC DO VRB HK WSH	PHS KSB KCSL DRP VRB
3.2 (1) PROSTHETIC SERVICES: Prescribing	KSB KNI KSH SRSB VRB HK WSH	KSB DRP SRSB VRB
3.2 (2) PROSTHETIC SERVICES: Periodic checking	KSB KCSL KNI KSH VRB WSH	KSB DRP KCSL VRB
3.2 (3) PROSTHETIC SERVICES: Maintenance	KSB KNI KSH DO VRB WSH	KSB DRP KSDE VRB
3.3 DENTAL SERVICES	KNI VRB HK WSH	KCSL KSB VRB
3.4 SPEECH THERAPY	KSB UKMC CKC UK KSH KNI KCSL USD 259 VRB HK WSH	KSB KCSL DRP KSDE VRB

SERVICE PROVIDERS

3.0 Treatment		PROVIDES SERVICE	FUNDS SERVICE
3.5	PHYSICAL THERAPY	KNI VRB HK WSH	KSB KCSL DRP KSDE VRB
3.6	OCCUPATIONAL THERAPY	KSB KNI KCSL VRB HK WSH	KSB KCSL PHS DRP KSDE VRB
3.7	PSYCHO-THERAPY	KCSL KSB VRB HK	KSB PHS DRP VRB
3.8	GENERAL COUNSELING	KSB KNI KCSL VRB HK HR	KSB KCSL PHS DRP VRB

SERVICE PROVIDERS

4.0 Educational Services	PROVIDES SERVICE	FUNDS SERVICE
4.1 (1) PRESCHOOL SERVICES: Facility-based	KSB KNI KCSL UKMC WSH	KCSL KSDE
4.1 (2) PRESCHOOL SERVICES: Home-based	KSB KCSL	KCSL
4.2 EDUCATIONAL SERVICES for the Mildly Handicapped	CKC KCSL UKMC USD 259 VRB	KCSL DRP SRS VRB
4.3 EDUCATIONAL SERVICES for the Moderately, Severely, and Profoundly Handicapped	CKC KSB KNI UKMC KCSL USD 259 VRB WSH	KCSL DRP SRS KSDE
4.4 ADULT BASIC EDUCATION	KSB KCSL VRB HK	KSB KCSL DRP SRS KSDE VRB

SERVICE PROVIDERS

4.0 Educational Services	PROVIDES SERVICE	FUNDS SERVICE
4.5 SPECIAL SCHOOL SERVICES	CKC KCSL VRB	KSB KCSL DRP VRB HK
4.5 (1) SPECIAL SCHOOL SERVICES: Materials and books	KCSL KSB VRB WSH	KSB KCSL DRP KSDE HK VRB
4.5 (2) SPECIAL SCHOOL SERVICES: Readers	KCSL KSB VRB	KSB DRP KCSL VRB
4.5 (3) SPECIAL SCHOOL SERVICES: Interpreters	KCSL KSB VRB	KSB KCSL DRP VRB
4.5 (4) SPECIAL SCHOOL SERVICES: Brailling services	KSB KCSL VRB	KCSL KSB DRP VRB
4.5 (5) SPECIAL SCHOOL SERVICES: Adaptive educational devices	KSB KCSL VRB WSH	KCSL KSB DRP VRB

SERVICE PROVIDERS

5.0 Family Support Services	PROVIDES SERVICE			FUNDS SERVICE		
5.1 FAMILY TRAINING	KSB KCSL	UK VRB	SKH HK	KSB	PHS	DRP
5.2 FAMILY PLANNING	KCSL	SRSB	HK	KCSL	PHS	SRSB
5.3 GENETIC COUNSELING	KCSL HR	SRSB HK	VRB	KCSL VRB	PHS	SRSB
5.4 CRISIS INTERVENTION	KCSL	KSB	VRB	KCSL VRB	PHS	SB
5.5 SITTER SERVICES	KCSL	VRB		KCSL	VRB	
5.4 RESPITE CARE	KCSL			KCSL	KSB	SRS

SERVICE PROVIDERS

5.0 Family Support Services	PROVIDES SERVICE	FUNDS SERVICE
5.7 (1) HOMEMAKING: Chore and personal care services	KCSL SB HK	KCSL SB DRP DA VRB
5.7 (2) HOMEMAKING: Training	KCSL SB VRB HK	KCSL SB DRP
5.8 HOME DELIVERY OF MEALS		SRS DA

SERVICE PROVIDERS

6.0 Living Arrangements	PROVIDES SERVICE	FUNDS SERVICE
6.1 BOARD AND ROOM LIVING	KCSL KSB	KCSL KSB SRSB
6.2 GROUP HOME CARE	KSB VRB	KSB DRP SRS
6.3 FOSTER CARE	KCSL VRB	KCSL
6.4 SHELTERED CARE	VRB	
6.5 NURSING HOME CARE	DA VRB	VRB
6.6 INSTITUTIONAL CARE	KNI VRB WSH	VRB

SERVICE PROVIDERS

6.0 Living Arrangements	PROVIDES SERVICE	FUNDS SERVICE
6.7 (1) MODIFIED LIVING ENVIRONMENTS Constructional Renovation	VRB	KSB VRB
6.7 (2) MODIFIED LIVING ENVIRONMENTS: Modification	VRB	KSB DRP VRB

SERVICE PROVIDERS

7.0 Vocational Services	PROVIDES SERVICE	FUNDS SERVICE
7.1 VOCATIONAL EVALUATION	KSB DRP SRSB VRB HK	CKC KSB DRP SRSB VRB HK
7.2 (1) VOCATIONAL TRAINING: Prevocational skills	CKC KNI KSB SRSB VRB HK	CKC KSB DRP SRS SRSB VRB
7.2 (2) VOCATIONAL TRAINING: Occupational skills	KSB SRSB VRB HK	KSB SRSB DRP VRB
7.2 (3) VOCATIONAL TRAINING: Work adjustment	KSB KFB SRSB VRB HK	KSB SRSB DRP VRB
7.3 PLACEMENT COUNSELING	KSB KCSL SRSB VRB HK HR	KSB KCSL DRP SRSB VRB

SERVICE PROVIDERS

8.0 Recreational Services	PROVIDES SERVICE	FUNDS SERVICE
8.1 THERAPEUTIC RECREATION	KNI KSB KCSL HK WSH	KCSL
8.2 (1) LEISURE TIME RECREATION: Individualized selection	KSB KCSL HK WSH	KCSL SRS DA
8.2 (2) LEISURE TIME RECREATION: Teaching recreational skills	KNI KSB KCSL WSH	KCSL
8.3 LIBRARY SERVICES	KSB WSH	KSB KSDE

SERVICE PROVIDERS

7.0 Vocational Services	PROVIDES SERVICE	FUNDS SERVICE
7.4 (1) SHELTERED EMPLOYMENT: Short-term	KSB KFB SRSB VRB WSH	KSB DRP SRSB KSDE VRB
7.4 (2) SHELTERED EMPLOYMENT: Long-term	KFB	KSB
7.5 ACTIVITY CENTER PROGRAM	WSH	SRS
7.6 OTHER VOCATIONAL SERVICES	KSB VRB	KSB KSDE VRB

SERVICE PROVIDERS

9.0 Indirect Services	PROVIDES SERVICE			FUNDS SERVICE		
9.1 PUBLIC EDUCATION	KSB KNI DRP DA VRB	UK KC SRSB KSDE HK	USH KRO DO HR WSH	PHS KRO	KSH	KSB
9.2 PRIMARY PREVENTION	KSB			KSB	PHS	
9.3 SYSTEMS ADVOCACY	KSB VRB WSH	DRP HK	DA HR	PHS	KSDE	
9.4 (1) MANPOWER DEVELOPMENT: Recruitment	UK DA	KSB VRB	DRP WSH	VRB		
9.4 (2) MANPOWER DEVELOPMENT: Pre-service training	UK DA HK	KSB VRB	DRP WSH	VRB		
9.4 (3) MANPOWER DEVELOPMENT: In-service training	UK DA HR	KSB KSDE WSH	DRP VRB	PHS	VRB	

SERVICE PROVIDERS

9.0 Indirect Services	PROVIDES SERVICE	FUNDS SERVICE
9.5 PLANNING COORDINATION	KSB HK VRB HR WSH	PHS KSDE
9.6 DATA MANAGEMENT	KSB KSDE VRB HK HR WSH	
9.7 (1) FINDING: Identification of local funds	KSB HR	KSB KSDE
9.7 (2) FINDING: Identification of state funds	KSB DRP HR WSH	KSB KSDE
9.7 (3) FINDING: Identification of federal funds	KSB DRP DO HR WSH	KSB PHS KSDE
9.8 BASIC RESEARCH	DO HK HR	PHS

CONCLUSIONS

If the service providers who responded actually provide the services they indicated, . . . there is but little need for additional services. The primary problem appears to be . . . (when "services provided" are matched with "services needed") . . . the effective and timely getting together or coordinating of the service providers and the service users (deaf/blind and their families). In other words, it is the delivery system (the awareness and accessing thereof) that is the major problem.

There are some indications, however, that the deaf/blind adult population in Kansas could benefit from additional alternatives.

There are also some indications that not all services and programs for the deaf/blind are viewed as satisfactory and some indication that more deaf/blind specialists (trained) are needed. Or, perhaps, that more training is needed by those who are presently working with the deaf/blind.

Finally, there appears to be a strong theme in these results having to do with the very human needs of this population for recreation, social life, and meaningful activities beyond education and maintenance.

CRITERIA FOR DESIGN OF A SERVICE SYSTEM FOR DEAF/BLIND INDIVIDUALS IN KANSAS AND SOME ADDITIONAL CONSIDERATIONS

DOCUMENT FOUR

FINAL

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DOCUMENT FOUR

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OVERVIEW

The process which produced the contents of this document began with the generation of concepts in several discussions with task-force members. These concepts were refined as "considerations" for beginning to conceptualize a model system for coordinating services to deaf/blind individuals in Kansas. These considerations were then reviewed critically by the Kansas P.L.A.N. Task Force. The criteria for design of the model system which appear on page 2 were then derived from those considerations which were acceptable to the task force.

The considerations were then used to begin to design and develop alternatives for an organizational and procedural model. This document also contains the data collection instrument which presents these alternatives for review, refinement, and final determination by the planning task force. The organizational and procedural model (system) designed according to the criteria will then (subsequently) be combined with the results of the needs assessment to determine the final overall service system model (see later document 5). The Kansas P.L.A.N. (document 6) will then spell out what must be done, by whom, and by when in order to implement the overall model system in Kansas.

INTRODUCTION

A brief study was conducted to determine some possible considerations for the design of a system for the delivery of services to Kansas deaf/blind individuals. Members of the Kansas P.L.A.N. Task Force were asked to closely examine each of the "possible considerations" and to accept, modify, or reject them on their merit. The following narrative reflects the results of this effort and became the basis for initial design and a set of criteria for later evaluating the system in its operation.

CRITERIA FOR DESIGN

Scope of Services

There was agreement among task force members that the delivery system should be comprised of a comprehensive array of services or service options that are needed by deaf/blind individuals at all ages and stages of development. Chronologically, this means that the total system would attend to individual needs at the earliest ages (including pre- and post-natal), extend through all developmental stages, and include the needs of the elderly. The term "comprehensive" refers to the various types of services and assistance that are needed (including but not limited to ... health needs, educational needs, transportation needs, housing and shelter needs, recreational needs, etc.) and needs related to various major life and transitional phases (early development, school/education, preparation for independent living and work, career planning and placement, retirement, etc.).

Coordination

There was also agreement that the system should be well coordinated so that clients are not inadvertently "lost" to the service system as might be the case when an individual's needs shifted from one primary service provider to another. Several more specific considerations relating to this and endorsed by all were related to 1) the use of individual planning and an overall individual plan that encompassed the various,

Centralized

already required plans (I.E.P., I.H.P., IWRP, etc.); 2) a practical and centralized case management system; 3) better cooperation and coordination of the various involved agencies and service providers (service network); and 4) a centralized office, a coordinator, and a centralized information system (one location for inquiries, referrals, and coordination).

Efficiency

The Kansas P.L.A.N. Task Force agreed unanimously with the concepts that the ultimate system should be efficient in meeting needs with no unnecessary duplication or wasted effort, and designed to make optimal use of limited resources.

Client Centered

They felt that the service system should be client centered (decisions based on benefit to client and client's well-being) and that the system should include clients. Not all of the Task Force agreed that the system should be client controlled. Most of the task force agreed that the system should strive for simplicity in design and operation; and all agreed that the system should be well understood by both clients and providers, and easily accessed by those in need.

Simplicity Understood Accessible

Realistic

As well, the task force agreed that the design of the system should be realistic . . . so that it could actually be implemented in light of present and anticipated conditions (resources, time, etc.).

Accountability and Monitoring

There was general agreement that there should be "accountability" (who is responsible for what), that there should be written policies and procedures (but also the system should be refineable as more is learned), that there are "checks" set up to quickly detect when the delivery system is not functioning properly, that the system's actual performance should routinely be monitored and systematic evaluations should be conducted.

Needed Services

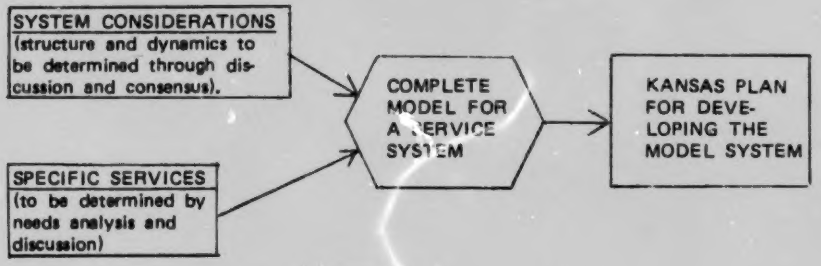
There was agreement that the needs of deaf/blind individuals in Kansas should be empirically determined (needs assessment). These needs should be prioritized, and "choices," "options" and "enrichment services" should be designed into the system. Early intervention was agreed upon as a high priority for the system. As well, and when possible, the design should include "back-up strategies" for instances where the system failed to work as it should.

Involvement in Planning and Operations

It was agreed that whenever possible planning should be done with the individual client himself/herself; that parents, guardians, and others concerned with the client should be involved in the planning; that planning sessions should precede all major transition periods; and that there should be a standardized "plan format." As well, parents and guardians should be involved in decision-making, have access to all information, be kept informed, and a due process aspect should be designed into the system.

BUILDING THE DELIVERY SYSTEM

In order to arrive at a model program for services for deaf/blind individuals in Kansas, it was necessary to examine the possible structure and consider various aspects of the system's dynamics. At this point, it was not necessary to completely detail all aspects of the structure (e.g., who makes up the service network) and how coordination, planning, administration, etc., would ultimately proceed. However, an outline of the system was developed in order to prepare for the insertion of the specific elements (services).


SYSTEM CONSIDERATIONS
(structure and dynamics to be determined through discussion and consensus).
SPECIFIC SERVICES
(to be determined by needs analysis and discussion)
COMPLETE MODEL FOR A SERVICE SYSTEM
KANSAS PLAN FOR DEVELOPING THE MODEL SYSTEM

Central Office

Several of the considerations that received strong support suggested a central coordinating group or office.

Those considerations included support for 1) a program coordinator who would be responsible for coordinating the implementation and establishment of a central clearinghouse and referral office; 2) a central office (single phone number, single address, and knowledgeable person) easily accessible by users; 3) a simple rather than complex system; 4) a routine monitoring and evaluation function for the system; 5) centralized case management; 6) a centralized information system; 7) a coordinated system so that clients are not "lost" to the system during periods of transition; and 8) a comprehensive and lifelong system (extending across all various types of services and covering all the various age groups which are presently the responsibility of different agencies).

This model became graphically more complex (later sections) when describing how it functions. That could only be done, however, when the decisions of how it should function were actually made. Those decisions, or recommendations for such, were one of the central tasks for the initial planning year.

The model on the preceding page suggests several very general things (listed below). More specific details (options) are suggested on following pages.

1. The present service providers will continue to provide those services determined to be needed and satisfactorily delivered. The system network would include all participating providers. Interagency agreements would be an important part of developing the network.

2. The model proposes that a separate office be established as the planning and coordinating office. An alternative to his would be, to rely totally on inter-agency agreements and the expansion of present responsibilities.

3. If a separate office were established, it would be responsible to the planning and coordinating group, and act as a resource to a client or his/her family. The office might provide coordinating services, referral services, and planning services). It might also monitor and evaluate the way the total system was working.

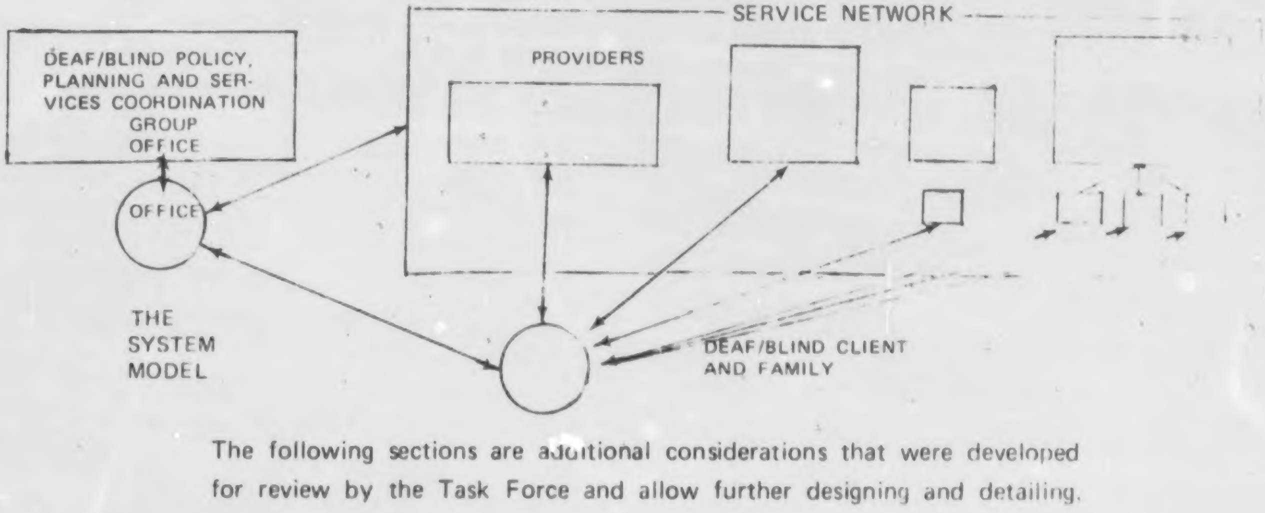
4. The office might or might not be asked to provide other direct and indirect services. It might or might not be a part of the total service provider network.

PRELIMINARY CONCEPTS FOR THE MODEL SYSTEM

INITIAL AND EXPLORATORY CONCEPTS

Explanation – Regardless of what services, programs, and assistance would eventually make up the total continuum of services, the agencies and individuals who would provide these services, programs, and types of assistance are numerous. State agencies such as Education, SRS, Health, Labor, and Transportation; local and regional agencies such as educational cooperatives, school districts, libraries, hospitals, and city and county governments; and finally individuals and firms such as private medical practitioners, taxicab companies, contractors, employers, and attorneys all constitute a potential part of the total service network. The tasks of life-long planning, accessing and coordination of delivery of all appropriate services to an individual extend far beyond the present authority and capability of any single present provider. The following pages review early thoughts for converting a series of individual components into a system.

Below is the beginning of a graphic model of the possible structure of a coordinated, refined, and more easily accessed system for delivering services to the Kansas deaf/blind.


SERVICE NETWORK
DEAF/BLIND POLICY, PLANNING AND SERVICES COORDINATION GROUP OFFICE
PROVIDERS
OFFICE
THE SYSTEM MODEL
DEAF/BLIND CLIENT AND FAMILY

The following sections are additional considerations that were developed for review by the Task Force and allow further designing and detailing.

TYPES OF ORGANIZATION–SOME ALTERNATIVES CONSIDERED

A. Agency/Client Model (State Related Group)

In this model the planning and coordinating office could be:

A–1: An independent agency of state government created by the Kansas legislature much like the present effort for an independent hearing impairment agency.

A–2: A sub-agency office created under the powers of an existing agency of the state government.

A–3: A quasi-governmental, independent, not-for-profit organization but recognized by state and federal agencies through formal agreements and legislative approval and able to contract on a non-bid basis and to accept grants.

The controlling boards of the offices under 1) and 3) would be made up of both representatives of provider agencies and clients/users of d/b services while a similar group would serve only as an advisory group under 2).

B. Client/Advocacy Model (Independent-of-State Group)

In this model the planning and coordinating office is an independent not for profit organization able to contract for and receive grants for providing planning and coordinating services for client population. The organization would also seek approval for tax deductible status (contributions).

The controlling board of this group would be made up by deaf/blind individuals, guardians, parents, and representatives of advocacy groups. Agency representatives serve as an advisory group or an organizational resource group.

C. Major Life-Stage Activity Model (Multiple Offices)

In this model, the case management function would shift along several major agencies with the development and aging of the individual. For example, during the very early years (0-3 perhaps) Public Health might have responsibility for maintaining a file and managing the obtaining of appropriate services for very young deaf/blind individuals. They might also be charged with the preventative area, and all aspects of needs revolving about pregnancies, delivery, and case findings. Next, there might be an orderly movement of files into public education as the pre-school and public school years were reached. Education would then case manage all individuals of this age and/or development level (?) and be responsible for obtaining and coordinating of all services needed. And so-on. Other agencies involved might include (as well), ... SRS, D.O.L., and AGING. Case managers would need to work transitions. Because the population is at all ages, all involved agencies would have an office/responsibilities at any given time.

MONITORING AND FOLLOW ALONG ACTIVITIES

annual visits

An annual plan evaluation would be made for each client. The purpose of the evaluation would be to monitor the receipt of services, to gauge progress, to discuss problems, to assist in initiating action if needed, and to review plans for the year ahead.

transition visits

Special planning evaluation would be made at a time preceding all major transitional periods and for the purposes of assisting during the transition period.

requested visits

Special evaluations would be conducted when the client or his/her representative indicated that assistance was desired.

OVERALL CASE MANAGEMENT CONSIDERATIONS

WHO WOULD HAVE THE TOTAL FILE ON DEAF/BLIND INDIVIDUALS?

1. The client/guardian/parents only.
   Each separate plan, supporting data, and historical data would be maintained by the appropriate agency with a copy of each in the total file (this applies also to 2, 3, 4 and 5).

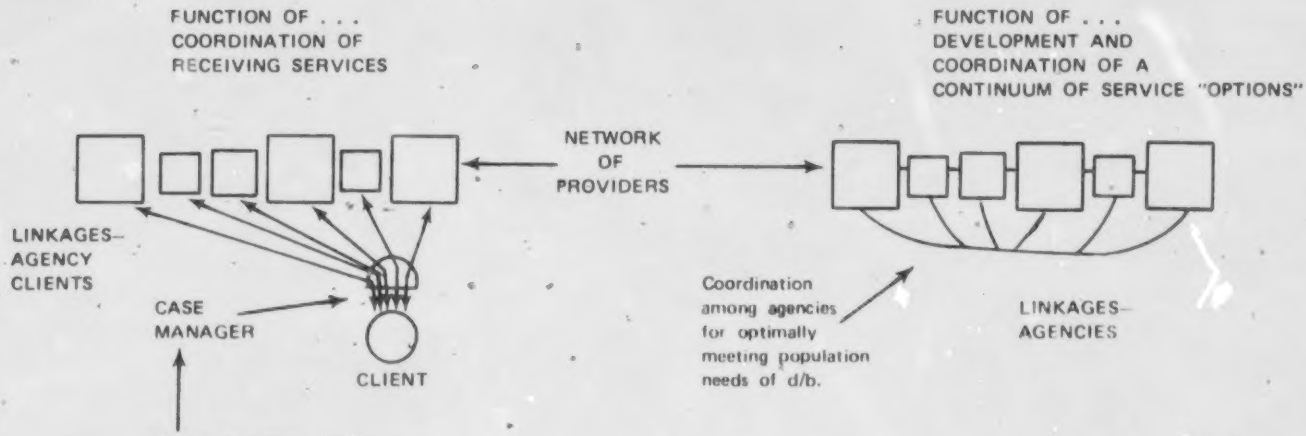
2. The planning and coordinating office would have the total file.

3. The planning and coordinating office and the client/guardian/parents would have total file.

4. All currently participating service providers and the planning and coordinating office would have the total file.

5. Same as 4 but also add the client/guardian/parents as holders of the total file.

TWO PRIMARY OVERALL FUNCTIONS OF SYSTEM COORDINATION


FUNCTION OF . . .
COORDINATION OF
RECEIVING SERVICES
FUNCTION OF . . .
DEVELOPMENT AND
COORDINATION OF A
CONTINUUM OF SERVICE "OPTIONS"
NETWORK
OF
PROVIDERS
LINKAGES–
AGENCY
CLIENTS
CASE
MANAGER
CLIENT
LINKAGES–
AGENCIES

Coordination among agencies for optimally meeting population needs of d/b.

Case management implies an individual having responsibility for reaching into agencies/provider organizations and obtaining appropriate services or facilitating contact when a service is needed by a d/b individual assigned to him/her.

A MODEL SYSTEM FOR THE
COORDINATED DELIVERY OF SERVICES TO DEAF/BLIND INDIVIDUALS

DOCUMENT FIVE

FINAL

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DOCUMENT FIVE

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INTRODUCTION AND OVERALL CONCLUSIONS

The following graphics, functions, and procedures were developed through a process of successively detailing the desired outcomes and expectations for a service delivery system for all deaf/blind individuals in Kansas. Original general concepts came from the basic elements of the one-year planning grant and its overall objectives, from known principles of system analysis and design, and from initial discussions (small group format) about existing service needs and problems with the Kansas P.L.A.N. Task Force. Expectations for the system were developed first as "considerations." After detailed reviews with the planning group, the expectations became general "criteria" in their refined form. These general criteria became the basis for a preliminary design. Building then on the preliminary design, additional and more detailed "considerations" were formulated (including alternatives) and put through a similar process. The resulting refined, detailed criteria then became the basis for the final design, functions, and procedures of this model. The results are found in Document 4.

At the same time that system design and dynamics were being developed, a needs assessment of the deaf/blind population and a survey of providers was conducted. This needs assessment asked deaf/blind individuals and their parents or guardians what services they had received and how satisfactory these services were. They were also asked what services were needed but not available and several other related questions. From the returns, several conclusions about specific services were formulated. The survey of providers asked about the services they are providing and the services they are funding. Conclusions from this effort were formulated and appear as a part of Document 3.

An overall conclusion was that most of the vital services for a comprehensive continuum of service were in place but also, that the agencies fall short of the desired goal of providing satisfactory services to all deaf/blind who need these services. The real delivery system problems, it would seem, are not services per se, but rather the effective and efficient delivery of such (system dynamics). More specifically, coordination and client-centered (not agency centered) case management was clearly needed. The following model for a delivery system was designed to meet the criteria formulated and to work toward solving the discrepancies between services available and services received.

OVERVIEW OF THE MODEL SYSTEM

FUNCTIONS OF A MODEL SYSTEM

In general, task force members were in favor of a planning and coordination office assuming functions aimed at planning (with clients and agencies), coordination of services, locating emergency services, facilitating delivery, follow-up and evaluation of services received, provision of information to clients, advocacy with agencies, and monitoring and evaluating the total system. The model system was generally viewed as being a tool to expeditiously locate and assure the delivery of services to deaf/blind individuals. Consistent evaluation of the progress of the client, providers, and the system itself was considered to be important.

The proposed system was generally viewed as not being in the business of providing services beyond those described above. As well, it was recommended that the system not become laden with typically governmental inefficiencies (paperwork, red tape, duplication).

As well, survey results would indicate that 1)agency coordination (including inter-agency agreements) at optimal use of individual agency resources (non-duplication) should be a primary function along with 2)case management.

ADDITIONAL DYNAMICS

This model system would suggest that the central file would reside with the regional representative/case manager and regularly reviewed by the central coordinator. The central file would contain all pertinent data with summaries of all separate agency plans that were organized into (and compatible with) an individual overall plan (I.O.P.).

An annual plan evaluation and update would be made for each client. The purpose of the evaluation would be to monitor the receipt of services, to gauge progress, to discuss problems, to assist in initiating action if needed, and to review plans for the year ahead.

An annual plan evaluation and update would be made for each client. The purpose of the evaluation would be to monitor the receipt of services, to gauge progress, to discuss problems, to assist in initiating action if needed, and to review plans for the year ahead.

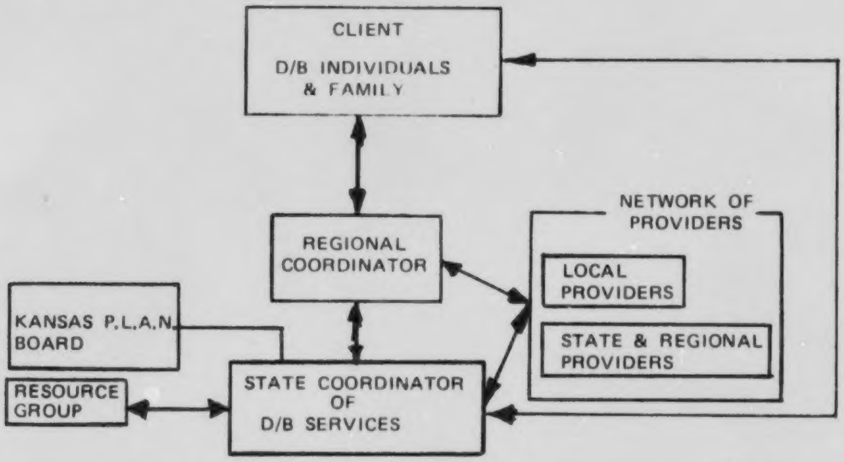
Special planning evaluation would be made at a time preceding all major transitional periods and for the purposes of assisting during the transition period.

Special evaluations would be conducted when the client or his/her representative indicated that assistance was desired.

Since such "case managers" are not already in existence, the Model implies that they would have to be identified (possibly from among service personnel already working in the field), trained to be competent case managers for deaf/blind individuals, and provided the necessary information on all available services (resource guide) so as to be able to function effectively.

THE STRUCTURE AND DYNAMICS OF A MODEL SYSTEM

THE FINAL MODEL .


CLIENT
D/B INDIVIDUALS & FAMILY
REGIONAL COORDINATOR
NETWORK OF PROVIDERS
LOCAL PROVIDERS
STATE & REGIONAL PROVIDERS
KANSAS P.L.A.N. BOARD
RESOURCE GROUP
STATE COORDINATOR OF D/B SERVICES

This graphic overall structure was designed to satisfy the criteria developed for the model system.

1. It stresses simplicity in design. It identifies a separate office that can be held accountable for overall system operation. It allows for a central clearinghouse for both collecting and providing information; central monitoring and evaluating; and it provides the opportunity for better accessing the system (a single phone number, single address, and a knowledgeable person(s).)

2. The structure also suggests an office or agent for coordination and a coordinated network of service providers that work together in a systematic, efficient and effective way with minimal overlap or duplication (interagency agreements). The present service providers continue to provide the necessary service elements that allow for a comprehensive continuum of service options to all ages but within a system or network concept.

3. Finally, the structure inserts the function of client-centered case management under a central office. Implied in this function is advocacy, planning, facilitating the accessing and delivery of services, and a continuous element that should work against being forgotten or lost from the system.

4. In further designing and further detailing the structure of the central office, two primary considerations were raised: 1) the advantages of a single office or person to coordinate and 2) the need to have convenient easily identifiable case managers. Consequently, a central office was deemed necessary but with the added element of convenient regional case managers

The resultant structure assigned statewide coordination of provider and of case management to a single office but assigns actual case management to individuals in the field . . . closer and more convenient to the client.

STATE COORDINATOR OF DEAF/BLIND SERVICES (S.C.)

The role of the State Coordinator of Deaf/Blind Services is to optimize the use of the State's limited resources to coordinate service across the state for deaf/blind individuals and their families and to coordinate the State's deaf/blind educational and awareness programs. The responsibilities of the S.C. are:

1. to assist clients in accessing the service delivery system and in making contacts with the R.S.C.;
2. to coordinate with R.S.C.'s to provide services for clients, especially when those services are available outside of their region or outside of the state;
3. to function as a "motivator" for establishing needed new services in the state;
4. to conduct inservice for R.S.C.'s and local service providers when necessary;
5. to conduct regularly scheduled and specially called Board meetings for the purpose of modifying procedures and policies for coordinating services, and to provide progress reports;
6. to work individually with state agencies to improve service provision to deaf/blind individuals and their families;
7. to coordinate with Kansas P.L.A.N. Affiliates for the purpose of disseminating current information and improving services;
8. to annually contact deaf/blind individuals to insure that current needs are being met;
9. to establish a data collection system for determining services needed, services provided, etc.; and
10. to function as a central clearinghouse for information and materials related to deaf/blind.

REGIONAL SERVICE COORDINATOR (R.S.C.)

The role of the R.S.C. is to identify, plan for, and obtain desired service for all deaf/blind individuals and their families in the R.S.C.'s region. Their responsibilities are to:

1. maintain an up-to-date file on all deaf/blind individuals in their region (including IEP's, IPP's, IWRP's, etc., as well as all other diagnostic and evaluation reports);

2. obtain diagnostic testing and evaluation through local resources where needed but not done;

3. identify service options for deaf/blind and outline a short-range and long-range service plan;

4. obtain needed services inside and outside of region;

5. maintain regular contact and report regularly to the State Coordinator of Deaf/Blind Services

6. increase personal knowledge and competence by attending training workshops relating to deaf/blind services;

7. assist State Coordinator in setting up and conducting regional workshops for local service providers and relating to deaf/blind services;

8. follow up services to deaf/blind individuals to assure that services are both appropriate and adequate; and

9. identify gaps in service, coordinational problems, unsatisfactory services, and system delivery problems and notify the State Coordinator of such.

PROCEDURES FOR ACCESSING AND COORDINATING SERVICES

When a direct care provider identifies a deaf/blind individual or suspects a person may have serious hearing and vision impairments, the direct care provider contacts (refers to) the Regional Service Coordinator (R.S.C.) for their area of the State. The referral to the R.S.C. may be made by any individual including the deaf/blind person or a member of their family. If the initial contact is made with the State Coordinator (S.C.) the S.C. then contacts the appropriate R.S.C.

Once the R.S.C. has been contacted, he will update or begin the case management file. The R.S.C. will contact the deaf/blind individual or a representative and complete an intake form.

Upon completion of the intake form the R.S.C. determines or verifies the needs of the individual, prepares a brief service plan, and begins the process of coordinating the provision of the necessary services. This may entail requesting meetings, securing assessments, securing the appropriate funding source, establishing timelines for completion of each activity and providing follow-up to determine if adequate service provision has occurred.

If problems arise in service provision or other matters related to coordination the R.S.C. will contact the S.C. for assistance. The S.C. will review the case and initiate contacts to resolve the problem. This may require scheduling meetings, phone calls, making visits, etc., to both local and state agency service providers. At the point a solution is determined the S.C. returns the coordination responsibility to the R.S.C. The S.C. will conduct follow-up to determine if progress towards meeting the needs of the deaf/blind person has been made.

When problems in service provision still exist, the S.C. may contact the Kansas P.L.A.N. Affiliates or the Kansas P.L.A.N. Board to request their assistance and suggestions for resolving the problem. Once again, when a solution is resolved, the S.C. returns the responsibility for coordination to the R.S.C.

An annual review of each client's file will be conducted. Through the annual review, unmet needs of the deaf/blind population and direction for the system will be decided.

COORDINATING THE NETWORK OF SERVICE PROVIDERS

As the model system for coordinating service provision emerged, it became apparent that a written interagency agreement was desirable. A written agreement would clarify the roles and responsibilities of the agencies and personnel involved. The following section presents elements and components of interagency agreements and provides a possible interagency agreement to facilitate this model.

As the model is implemented, specific areas where agreements are needed become apparent. When this occurs, agreements are negotiated among the agencies involved.

POSSIBLE ELEMENTS/COMPONENTS OF INTERAGENCY AGREEMENTS

1. Description of basis for developing the written agreement.
    a. Previous/on-going relationship between parties, identification of common need, institution of new service, etc., as foundation for current agreement.
    b. Legal authority based on Federal or state legislation.

2. Definitions for agency or program-specific terms used in the agreement.

3. Description of purpose to be achieved through agreement.

4. Mutually agreed-upon goals and/or objectives of the agreement.

5. Eligibility criteria/description for population to be serviced or affected by agreement.

6. Delineation of specific roles and responsibilities of each party to the agreement.

7. Mutual/shared responsibilities of all parties to the agreement.

8. Specific actions to be taken relative to the program/service identified in agreement (Action Plan).

9. Specific services to be provided by each party.

10. Designation of Responsible Party or Liaison Person for implementation of agreement and functions of that role.

11. Specification of meetings (time, dates, frequency) relative to terms of the agreement.

12. Specification of reporting mechanisms between parties of the agreement.

POSSIBLE ELEMENTS/COMPONENTS OF INTERAGENCY AGREEMENTS, CONT.

13. Confidentiality Assurances relative to sharing of information.

14. Agreement among parties for notification in cases of changes in agency operations.

15. Specification of time period for agreement to remain effective.

16. Schedule for periodic review of agreement.

17. Procedure for modifying or terminating written agreement.

18. Additional Assurances.

19. Specification of additional incentives to be provided as a result of the written agreement, i.e., funding additional staff, work space, etc.

20. Signatures of all parties involved in agreement.

CRITICAL ELEMENTS OF INTERAGENCY AGREEMENTS

1. Statement of clear purpose of agreement between parties with delineation of goals and measurable objectives for the terms of the agreement.

2. Definitions of any terms that could be ambiguous between the parties.

3. Clear delineation of specific program, service or focus for the agreement to facilitate clear communication of the need for and intent of the agreement.

4. Designation of the agency which has first dollar responsibility for payment of services and specification of other financial or funding arrangement for payment of services.

5. Specific actions, roles and responsibilities of each party to the agreement as well as mutual responsibilities.

6. Designation of staff position(s) within each agency responsible for:

   a. Implementing the agreement as specified.
   b. Monitoring the implementation.
   c. Negotiating change when necessary to update agreement.

7. General administrative procedures for parties affected by the agreement (i.e., specified time period for agreement, mechanism for updating/revising, scheduled meetings set for parties to agreement, confidentiality safeguards, referral mechanisms, information sharing, other assurances).

8. Evaluation design specified and agreed upon by all parties to be used in monitoring implementation of agreement; identification of person(s) responsible for evaluating and sanctions agreed upon to assure its implementation.

CLASSES OF INTERAGENCY AGREEMENTS

There are three significant classes of interagency agreements. The first class is a prerequisite for the second, which in turn is a prerequisite for the third.

Agreements about program standards: Class 1. The first and most important class of agreements centers on common or baseline standards for conduct of programs which are similar, but are offered by different agencies. Such agreements are promises by these agencies to adopt common criteria for providing specific services to handicapped children and their families. Essentially, common criteria reflect multiple agency adoption of understandings about "Who does what to whom, when, how often, under what supervision, and to whose advantage." Promises which address such standards are prerequisite to any and all other agreements regarding the provision of services to persons with handicaps and their families.

Agreements about allocation of resources: Class 2. The second class of agreements consists of promises regarding the allocation of various agency resources in the accomplishment of mutually agreed upon objectives. There are at least six (6) methods of cooperatively allocating resources:

1. First dollar agreements - When a handicapped person or his/her family is eligible for certain services from two or more agencies, a promise is made regarding which agency pays first, e.g., when a Medicaid eligible, handicapped person needs physical therapy, Medicaid agrees to pay. The Division of Developmental Disabilities only pays for physical therapy when a person is not Medicaid eligible.

2. Complementary dollar agreements - When a handicapped person or his/her family is eligible for certain services from two or more agencies, a promise is made for each agency to pay for certain services, e.g., when a Medicaid eligible handicapped child needs speech therapy and

reconstructive dental surgery in order to speak clearly, education pays for the speech therapy and Medicaid for the surgery.

3. Complementary personnel/dollar/agreements - When a handicapped person or his/her family is eligible for certain services from two or more agencies, one agency commits personnel to serve the person directly while another agency reserves sufficient funds to pay for other services, e.g., when a Medicaid eligible handicapped person needs speech therapy and reconstructive dental surgery in order to speak clearly, the Division of Developmental Disabilities directly provides (through a state employee) the speech therapy and Medicaid pays for the surgery.

4. Shared personnel agreements - When children are screened prior to entering public school, a promise is made which allows public health nurses and school nurses to work together in administering some health portions of the screening program, e.g., family health histories are taken by both public health and school nurses during a preschool screening program.

5. Shared facility agreements - When children are screened prior to entering public school, a promise is made to use a community hospital facility for carrying out all or part of the program, e.g., when preschool screening is conducted for a certain neighborhood, the local hospital is used as the most convenient site for parent participation.

6. Shared equipment and materials agreements - When children are screened prior to entering public school, a promise is made to use hospital equipment and/or materials for certain elements of the screening program, e.g., when preschool screening occurs, the local hospital does all the blood work analysis for lead paint testing (and Medicaid pays where appropriate).

Process and activity agreements: Class 3. The third class of agreements includes promises of uniform processes, forms, and activities by multiple agencies offering comparable services. Agreements regarding standards (Class 1) and allocation of resources (Class 2) are absolute prerequisites to process and activity (Class 3) agreements. Promises can be made regarding areas of activities which might be managed cooperatively. Each of these areas directly links the needs of individual persons and their families to the capacity of the cooperating agencies to respond. These service agreements can be addressed in a systematic manner if the promises clearly articulate how each participating agency administers client entitlements.

1. Definitions - When individuals are evaluated to determine their service needs, participating agencies can use uniform terminology on all forms to assure a common understanding of the program requirements. Such definitional agreements are easier to achieve when the terminology is straightforward and free of jargon, e.g., when preschool screening is conducted, reports will describe behavior rather than inferred diagnostic classifications.

2. Forms and formats - When persons with handicaps are evaluated, reports can be made on a uniform packet of forms, e.g., when screening is conducted, all basic information used by each agency will be included in a single packet of forms, including those for common as well as specialized information.

3. Referral - When persons are identified as potentially needing services, a single track intake system assures that all necessary services are provided, e.g., when a teacher believes that a child is in need of special services, an interagency evaluation process will be used to establish the child's program needs.

4. Entitlements - When individual programs are designed, a promise is made to coordinate all entitlements offered through various agencies, e.g., when a program is designed for a preschool child with severe crippling conditions, a Medicaid funded, physical therapy program will be included within an individual plan.

5. Complementarity - When individual programs are designed, a promise is made to ensure that services by one agency properly mesh with services from others, e.g., vocational educations will provide a job trainer and vocational rehabilitation.

6. Transitions - When agencies promise to respond to automatic triggering mechanisms for cooperative involvement, arrangements are specified about who will respond to which conditions, e.g., Education and Vocational Rehabilitation agree that when a sixteen year old student is evaluated for special education services, a vocational rehabilitation counselor will participate for purposes of planning programs which will be necessary when the student leaves school at age twenty-one.

Cross-agency agreements can also be made to ensure that promises to work together are kept.

7. Planning and budgetary calendars - Uniform calendars for planning and budgeting can be used by participating agencies. This procedure will significantly support promises made by participating agencies.

8. Coordinated, comprehensive (State & Local) planning - Variously required annual and multi-year State and Local Plans can be developed in concert so that contributions promised from participating agencies are included in each plan, e.g., when the annual plan for the Division of Developmental Disabilities is assembled, promises for services by Public Instruction and other agencies can be included.

9. Coordinated staff development - Staff who offer similar services, but in different agencies, can be trained together, e.g., money from Title XX of the Social Security Act can be used to train staff from various agencies who offer services to persons who receive Title XX services.

10. Fiscal Administration - Administrative arrangements can be made so that payment for services follows the person regardless of which agency provides services, e.g., Title XX funds are used to pay for community residential services which are prescribed in the individual education plan.

11. Integrated data base - Information that is collected by each agency can be stored in a commonly controlled data system, and can be used by each agency for its own purpose or to assist another agency, e.g., individual education plans can be described and stored in the same computer system as are individual treatment plans developed by the Division of Mental Health. Both agencies can arrange to search their files to show another agency how a particular program was designed for persons with similar needs.

12. Cooperative evaluations and monitoring - Each agency can promise to contribute resources to design a qualitative evaluation and compliance monitoring system of their individual and coordinated services, e.g., five percent of each program grant for each agency can be pooled and used to pay the lowest bidder to design and conduct a relevant evaluation program of services offered through the interagency system.

MODEL INTERAGENCY AGREEMENT

KANSAS P.L.A.N. FOR DEAF/BLIND

INTRODUCTION

A survey of Kansas deaf/blind citizens in 1981 indicated a general problem of accessing services from various agencies and organizations to meet the many and varied needs of this unique population. A concurrent survey of service providers verified the availability of services to deaf/blind individuals and their families, but a lack of specific knowledge by service providers about how to resolve their special problems. As a consequence an interagency task force planned for a coordination system that would meet the needs of both clients and service providers.

The system includes a State Coordinator of Deaf/Blind Services whose role is to facilitate coordination of services among agencies and act as a monitor of services throughout the life of clients. It also includes an interagency board whose role is to form policy and procedures for coordination of services. More directly involved with clients, are Regional Service Coordinators who are direct service providers with special training related to services to deaf/blind individuals.

PURPOSE

The purpose of this agreement is to facilitate coordination among state agencies to provide life-long services to deaf/blind citizens and their families in the state of Kansas by:

a) Sharing responsibility for the development and implementation of programs and services to deaf/blind persons;

b) assuring that eligible deaf/blind individuals gain access to all appropriate services designated by law;

c) assuring that the rights of deaf/blind persons are protected in compliance with Section 504 of the Rehabilitation Act of 1973.

To accomplish the stated purpose, the collaborating agencies agree to:

POLICY

1. Appoint to the Kansas P.L.A.N. Board a representative who has an overall knowledge about the agency and the general authority to make commitments;
2. Cooperate with the State Coordinator of Deaf/Blind Services in obtaining needed services for clients;
3. Be willing to allocate 10% of the time of designated local service providers employed by their agency to fulfill the role of Regional Service Coordinators;
4. Share information with other participating agencies about the purpose of, functions of, and services provided by their agency.
5. Exchange case information on referred individuals, with the understanding that all personnel having access to such information will protect its confidentiality.

PRESENT RESOURCES

1. Adhere to procedures established by the Kansas P.L.A.N. Board which will facilitate accessing presently available services to eligible deaf/blind clients.
2. Assign personnel who will participate in interagency conferences and training programs to improve skills in working with deaf/blind clients.

DEVELOP RESOURCES

Work collaboratively toward the development of needed services not presently available to deaf/blind clients.

SHARED FUNDING

1. Share the salary of the State Coordinator of Deaf/Blind Services in proportion to the number of deaf/blind clients presently being served by each agency (to begin April 1, 1982)*
2. Share the operational costs of the State Coordinating Office for Deaf/Blind Services, i.e., travel, phone, postage, supplies. (to begin April 1, 1982)*

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*Funding Formula - The operational cost of the coordination office minus special federal or state appropriations divided by the number of clients served by the participating agency.

The terms of this agreement become effective on the day, month, and year the signatures are affixed below. Details of this agreement may be reviewed periodically and revised as found necessary by giving thirty days' notice in writing to each agency.

signature: ______________________________ ____________________
Secretary — Date
State Department of Social and
Rehabilitative Services

signature: ______________________________ ____________________
Commissioner — Date
State Department of Education

signature: ______________________________ ____________________
Secretary — Date
Department of Health and Environment

signature: ______________________________ ____________________
Secretary — Date
Department of Human Resources

signature: ______________________________ ____________________
Secretary — Date
Department on Aging

KANSAS P.L.A.N.

AN IMPLEMENTATION PLAN FOR ESTABLISHING AN EFFECTIVE LIFE-LONG COMPREHENSIVE CONTINUUM OF SERVICES TO DEAF/BLIND INDIVIDUALS

DOCUMENT SIX

FINAL

Central Research Corporation
900 First National Bank Tower
Topeka, KS 66603

DOCUMENT SIX

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OVERVIEW OF STRATEGY BEHIND SPECIFIC GOALS

Central Office

In order to begin to function as a central coordinating agency, an office must first be set up, staffed, and have appropriate materials and equipment to function. This general activity should include the selection and installation of a State Coordinator and clerical/typing support person. As well the appointed management board and resource group should be selected, confirmed, and a regular schedule for meetings developed. Some orientation to the planned operation for the year should be completed along with a general understanding of the roles of the various participants and groups in this first implementation year.

Regional Office

Once the central office is set-up and functioning, the regional extension of this office needs to be put in place. This necessarily involves the selection, orientation and training of the regional coordinators.

Primary Function

While the central office is involved in both of the primary functions . . . 1) coordinating the delivery of services to clients and 2) coordinating the activities and service provision of the provider agencies . . . the development, installation, and training of regional coordinators is aimed primarily at the first function of service delivery (case management).

Coordination of Service Network

At the same time that the regional coordinators are being selected, installed and trained, activities aimed at the second function, coordinating service providers, should be set in motion. The strategy here is to bring together the service providers and to jointly develop a "service guide" that clearly spells out who provides what services to whom. This resulting service guide should be developed against such agreed on criteria as simplicity, easy accessibility, non-duplication, and adequacy of service. The service guide should be in distinct contrast to the tables located in document three which show many agencies offering the same service. Once an easy to understand and simplified service guide is agreed on, then specific interagency agreements should be developed in order to allow the service system to function as is implied in the service guide.

Workshop

The joint problem solving and firming up with agreements activities should be accomplished in a working conference or workshop with results taken back to agencies for approval and ratification.

Explanatory Material

In order to achieve wide recognition that a new delivery system for deaf/blind services will be in operation, the development of explanatory materials (who to contact, how system operates, etc.) will need to be developed and ready for use when the regional coordinators become active.

Monitoring and Evaluation

Because the regional operations will be new and much will be learned during the early days of operation, the monitoring of individual cases and progress/problems will need to be intensive during this first year. A close evaluation with particular emphasis on formative type objectives (that allow quick feedback and possible refinements) is necessary.

GOAL STATEMENTS

(A) GOAL: DEVELOP STATE COORDINATOR'S OFFICE(S)

(B) GOAL: SET UP REGIONAL OFFICES AND COMMON FILING SYSTEM

(C) GOAL: DEVELOP POLICY AND PROCEDURAL GUIDELINES FOR OPERATION AND REVIEW

(D) GOAL: DEVELOP AND CONDUCT TRAINING

(E) GOAL: DEVELOP DISSEMINATION MATERIAL AND DISSEMINATION PLAN

(F) GOAL: TO DEVELOP AND CONDUCT A STATE-WIDE WORKING CONFERENCE(S) FOR *SERVICE PROVIDERS AND FUNDERS TOWARD A GOAL OF OPTIMALLY ALLOCATING AVAILABLE RESOURCES TO SERVICE CATEGORIES (ROLES AND RESPONSIBILITIES OF SERVICE NETWORK MEMBERS).

(G) OFFICIALLY OPEN SYSTEM AND IMPLEMENTA DISSEMINATION PLAN

(H) MONITOR CASE MANAGEMENT

(I) CONDUCT FIRST-YEAR EVALUATION

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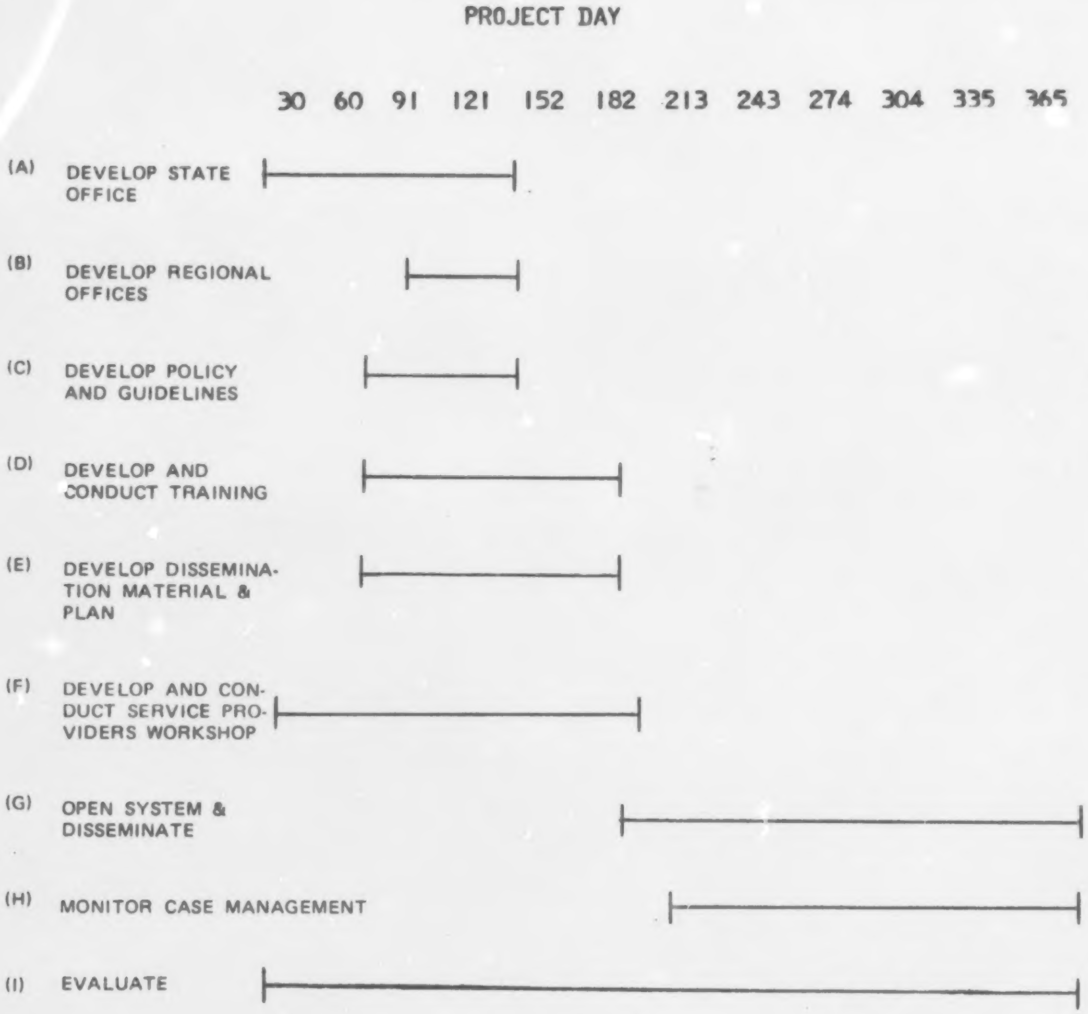
*Board Members

TIMELINE


PROJECT DAY
30 60 91 121 152 182 213 243 274 304 335 365
(A) DEVELOP STATE OFFICE
(B) DEVELOP REGIONAL OFFICES
(C) DEVELOP POLICY AND GUIDELINES
(D) DEVELOP AND CONDUCT TRAINING
(E) DEVELOP DISSEMINATION MATERIAL & PLAN
(F) DEVELOP AND CONDUCT SERVICE PROVIDERS WORKSHOP
(G) OPEN SYSTEM & DISSEMINATE
(H) MONITOR CASE MANAGEMENT
(I) EVALUATE

GOAL STATEMENT: Develop State Coordinator's Office

DISCUSSION AND STRATEGY: Because the State Coordinator's office is the key concept for 1) coordination of services to clients and 2) coordination among providers* and because the task of implementing the model in Kansas falls primarily to the person occupying this position, the first goal of the plan is rightfully to establish the office and get the implementation personnel on-line. The structure must be in place for implementation.

OBJECTIVE	BY WHOM	BY WHEN	ACCOMPLISHMENT EVIDENCED BY
1. To establish Board, Board officers, and schedule meetings.	Planning Coordinators	Day 1	Acceptance letters of previous proposed board members and copy of schedule for meetings of board
2. To select and hire State Coordinator	Management Board	Day 1	Employment Contract
3. To establish location of State Coordinator's office	State Coordinator	Day 15	Letter of agreement from host agency to house office.
4. To hire State Coordination Office support personnel	State Coordinator	Day 15	Employment agreements
5. To complete acquisition of materials and equipment needed to operate State Coordinator's Office	State Coordinator	Day 30	Visual inspection of equipment and materials
6. To develop Resource Group	State Coordinator	Day 30	Letters of acceptance
7. To review and refine the first year plan and budget with Management Board	State Coordinator and Staff	Day 45	Minutes of meeting and revisions and refinements agreed on
8. To complete a plan for establishing an overall statewide information and data collection system	State Coordinator and Staff	Day 90	Written document
9. To complete a plan for establishing an overall statewide materials and resource support system	State Coordinator and Staff	Day 90	Written document

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*An alternate approach would be to implement model and plan with available staff assigned to control office and then to hire State Coordinator after major implementation is completed.

GOAL STATEMENT: Select Regional Offices and Begin Regional File System

DISCUSSION AND STRATEGY: The second element of the structure for the statewide system is the outreach system or local/regional coordination office. Development of this structure is necessary in order to function effectively in coordinating the planning and service brokering to deaf/blind individuals in various parts of the State.

OBJECTIVE	BY WHOM	BY W[illegible]	ACCOMPLISHMENT EVIDENCED BY
1. Identify and screen potential regional coordinators.	State Coordinator and Resource Group	Day 45	Log of potential identified candidates
2. Select and complete contractural agreements with regional coordinators	State Coordinator and Management Board	Day 60	Agreements between system and agencies
3. Convene regional coordinators and review refined plan for first year operation	State Coordinator and Members of Management Board	Day 90	Minutes of meeting
4. Complete a plan and schedule of routine meetings for information sharing, reporting, problem solving, and referral coordination.	State Coordinator and Regional Coordinators	Day 100	Written documents and schedule
5. Mutually agree on training needs (assessment)	State and Regional Coordinators	Day 100	Prioritized list of training needs of regional coordinators.
6. Establish a model for a compatible filing system for regional and central office management of records	State and Regional Coordinators	Day 120	Document on file system and record keeping
7. Develop rough draft recommendations for needed standardized procedures and policies.	State and Regional Coordinators	Day 135	Written recommendation to Management Board
8. Develop standard planning form compatible with already required plans and review with management and resource groups	State and Regional Coordinators	Day 135	Visual inspection of completed form and minutes of review.
9. Identify and document all regional resources and service providers in each region.	Regional Coordinators	Day 140	Regional resources inventory document

OBJECTIVE	BY WHOM	BY WHEN	ACCOMPLISHMENT EVIDENCED BY
10. Identify all deaf/blind individuals and families and guardians of deaf/blind individuals in each region	Regional Coordinator	Day 140	Regional clients inventory document
11. Develop regional plan for early identification and detection of eligible deaf/blind individuals	Regional Coordinator	Day 150	Regional Plan for insuring identification and detection

GOAL STATEMENT: Develop Policy and Procedural Guidelines for Operation and Review

DISCUSSION AND STRATEGY: Starting with the criteria developed during the planning year and legal constraints/requirements, a well-documented set of policies and guidelines are needed to define the expected procedures and positions under which the system will operate. It should be recognized that refinements should be made as more is learned in practice.

OBJECTIVE	BY WHOM	BY WHEN	ACCOMPLISHMENT EVIDENCED BY
1. Develop first rough draft of Policy and Procedural Guidelines that comply with system model and criteria and submit to review management and resources groups	State Coordinator	Day 50	Written document and transmittal letter
2. Review rough draft with regional coordinators	State Coordinator	Day 90	Minutes of meeting
3. Develop second rough draft of Policy and Procedural Guidelines	State Coordinator and Regional Coordinators	Day 100	Written document
4. Develop system for data collection and on-going review of Policy and Procedural Guidelines	Management Board	Day 100	Written document
5. Adopt Policy and Procedural Guidelines	Management Board	Day 105	Minutes of Management Board

GOAL STATEMENT: Develop and Conduct Training

DISCUSSION AND STRATEGY: The general areas of training are considered here. First, all participants in the system should clearly understand what is planned and what has been completed. They need to understand the model. As well, active members of the system need to be able to understand the problem, and work with deaf/blind individuals, and have the necessary skills to do their jobs. Secondly, early research clearly indicate that service providers should be better trained so that they can more effectively work with deaf/blind individuals.

OBJECTIVE	BY WHOM	BY WHEN	ACCOMPLISHMENT EVIDENCED BY
1. Provide up-to-date orientation for all voluntary system participants and staff as close as possible to the time of their entry into the system.	State Coordinator	Day 90	Orientation log
2. Based on the assessment of specific training needs of regional coordinators, develop a front-end training plan that will allow staff initial training to be completed prior to the official opening date.	State Coordinator and Regional Coordinators	Day 90	Written Training Plan
3. Secure knowledgeable trainers, determine who beside staff should attend, complete arrangements, and commence training program.	State Coordinator	Day 105	Announcement and schedule of training sessions
4. Complete front-end training	State Coordinator	Day 150	Awards of training certificates
5. Complete a general outline of in-service training for staff and system participants	State Coordinator and Resource Group	Day 180	Written outline
6. Develop a training program plan for in-service of present and potential service providers and make recommendations for increased relevant training in pre-service programs.	State Coordinator and Resource Group	Day 180	Written document and recommendations

GOAL STATEMENT: Develop Dissemination Material and Dissemination Plan

DISCUSSION AND STRATEGY: Once a structure, policy and guidelines for operation and training are completed; implementation of the new service coordination and planning function will need to be widely known. However, explanations and awareness efforts should not be initiated until the system is ready to operate and can deal with deaf/blind needs.

OBJECTIVE	BY WHOM	BY WHEN	ACCOMPLISHMENT EVIDENCED BY
1. Develop multiple printed copies of a brochure that spells out details of eligibility, contact points (names, addresses, and telephone numbers), and an overview of services available for deaf/blind individuals and their families.	Contract Personnel	Day 180	Visual inspection
2. Develop an audio-visual program that explains the problem, the model, the coordination of service delivery and the agency/provider coordination as well as how to access and the expected benefits of the system.	Contract Personnel	Day 180	Visual inspection
3. Develop a dissemination plan that is oriented towards 1) awareness of the system, 2) facilitating and encouraging the accessing of the system, and 3) increasing support for the system.	State Coordinator and Regional Coordinators	Day 190	Written Plan
4. Develop public service announcements and disseminate/arrange with media	State Coordinator	Day 180	Log of where and when announcements were sent or delivered.
5. Begin implementation of the dissemination plan.	State Coordinator and Regional Coordinators	Day 210	Mating of awareness materials, public media stories, public service announcements, etc.

GOAL STATEMENT: To develop and conduct a Statewide Working Conference(s) for Service Providers and Funders Towards a Goal of Optimally Allocating Available Resources to Service Categories (Roles and Responsibilities of Service Network Members)

DISCUSSION AND STRATEGY: This effort is directed toward the producing of a simple to use and understand Resource Guide that captures the what, who, and where of service providing. The process that will necessarily need to be completed in order to develop such a guide will include the sorting out of individual roles and responsibilities of network participants (group problem solving based on data of present situation) and the worked out allocations of responsibilities will be captured in interagency agreements.

OBJECTIVE	BY WHOM	BY WHEN	ACCOMPLISHMENT EVIDENCED BY
1. To circulate results of service providers survey to all involved service providers in order to obtain needed additions, connections, and clarifications, to make necessary modifications in display, and to have available for use in conference(s).	State Coordinator	Day 15	
2. To appoint a committee to assist in designing and developing the conference(s) procedures, dates, schedule, techniques, objectives, and list of necessary attendees.	State Coordinator	Day 30	
3. To identify and train facilitators for group processing.	Committee	Day 45	
4. To complete arrangements for conduct of conference(s).	Committee	Day 45	
5. To complete conference(s)	State Coordinator and Committee	Day 165	
6. To obtain ratification of all agreements (interagency) developed in conference(s).	State Coordinator	Day 180	
7. To develop and have printed multiple copies of Resource Guide.	State Coordinator	Day 195	
8. To disseminate Resource Guide to Regional Coordinators in use	State Coordinator	Day 200	

GOAL STATEMENT: Officially Open System and Implement Dissemination Plan

DISCUSSION AND STRATEGY: This is set out as a major goal; however, all objectives for preparing for this are placed under more specific activity goals and the objectives for dissemination will be developed in the dissemination plan.

OBJECTIVE	BY WHOM	BY WHEN	ACCOMPLISHMENT EVIDENCED BY
To officially open system	State Coordinator	Day 180	Activities specified in dissemination plan
To complete dissemination according to plan	State Coordinator	Day 335	Evaluation in report

GOAL STATEMENT: Monitor Case Management

DISCUSSION AND STRATEGY: One of the primary findings of the planning year was that unmet service needs were not so much the result of the services not being provided but rather that the delivery system was not working well. The monitoring of the new system for the determination, planning and delivery of services (case management) is a particularly important activity since it has to do with the front line of the entire system.

OBJECTIVE	BY WHOM	BY WHEN	ACCOMPLISHMENT EVIDENCED BY
1. To systematically evaluate the planning and to monitor the progress on individual plans and overall case management efforts of Regional Coordinators through a case x case review process with each Regional Coordinator.	State Coordinator	Monthly basis	Monitoring updates and progress assessment reports in central office
2. To monitor client satisfaction through direct inquiries.	State Coordinator	Quarterly basis	Quarterly reports

GOAL STATEMENT: Conduct First Year Evaluation

DISCUSSION AND STRATEGY: Although the year is termed an implementation year, the total activity is actually a type of pilot testing of the concepts and the model. To this extent, an effective and practical evaluation should be of invaluable assistance in further refinements in Kansas and to other states who choose to implement the model and plan.

OBJECTIVE	BY WHOM	BY WHEN	ACCOMPLISHMENT EVIDENCED BY
1. To contract for an independent evaluator	State Coordinator	Day 15	Agreement in files
2. To require the development of an Evaluation Plan oriented toward: a) formative measures . . . that will allow quick feedback that can be used for making refinements in all ongoing procedures, programs, and efforts; b) process management . . . that will alert interested parties as to whether or not activities is on line and timely; and c) measures that will indicate the degree to which the system is meeting . . . in its implementation and operation . . . the criteria set for the system.	Evaluator	Day 30	Detailed Evaluation Plan
3. To complete the Evaluation Plan	Evaluator	Day 365	Final Report